

REC'D JUN 9 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

16847  
Do not use this space.

## 1. PLACE OF DEATH

(a) County ..... Registration District No. **791**  
(b) Township ..... Primary Registration District No. **1003** Registered No. **4708**  
(c) City **St. Louis** (d) Street No. **St. John's Hospital** St.  
(If death occurred in hospital or institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

**Caroline K. Sewing 520**  
(a) Residence, No. **5050a Wabada Avenue** St. **6**  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widowed**  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **William Sewing**  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Sep. 23, 1870**  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.  
**67 7 26**

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Housewife**  
9. Industry or business in which work was done, as saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **New Minden Illinois**

13. NAME **Henry Rosenbeck**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

15. MAIDEN NAME **Caroline Trinemeyer**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

17. INFORMANT (ADDRESS) **Albert G. Sewing 5050a Wabada Ave.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **St. Peters Cem.** DATE **5/23/38**

19. FUNERAL DIRECTOR (ADDRESS) **Wm. A. M. Guire, 3402 No. Kingshigh Way**

20. FILED **MAY 24 1938** **J. T. Brubaker** Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 19, 1938**

22. I HEREBY CERTIFY That I attended deceased from **May 24, 1937** to **May 19, 1938**  
I last saw him alive on **May 19, 1938** Death is said to have occurred on the date stated above, at **4:30 p.m.**  
The principal cause of death and related causes of importance were as follows:

**Coronary dilatation 5/19/38**  
**Secondary hemorrhage 5/17/38**

Other contributory causes of importance:  
**Peptic ulcer about 1930**  
**Cholelithiasis about 1930**  
**Gastro-ostomy 1930**  
Name of operation **Cholecystectomy** Date of **5/14/38**  
What test confirmed diagnosis? **Wassermann** Was there an autopsy? **No**

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? **Yes**  
If so, specify **Wm. A. M. Guire, M. D.**  
(Signed) **Wm. A. M. Guire**  
(Address) **4603<sup>1/2</sup> Pope - St. Louis, Mo.**

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

4708

4708

STATEMENT BY LICENSED EMBALMER

I, \_\_\_\_\_, Licensed Embalmer No. \_\_\_\_\_

hereby certify that the body recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_

L. E. \_\_\_\_\_

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed Guy W. Wilkinson  
Licensed Embalmer No. 3575

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**