FEB 17 1939

REC'D MAR 9 1939

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

7716
Do not use this space.

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**1. PLACE OF DEATH**

(a) County St. Louis — Registration District No. 784

(b) Township — Primary Registration District No. 200 — Registered No. 275

(c) City ~~Ferguson~~ Berkeley City (d) Street No. Brotherton Lane - North Hills Drive 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** Mayme McEwen

(a) Residence, No. Brotherton Lane St. Ferguson, Mo.
(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 | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) |
|---|---|---|
| Female | White | Married |

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James W. McEwen

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 12, 1877

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 61 | 10 | 2 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Household
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) St. Louis Missouri

FATHER
13. NAME Frederick Schwartz
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Dorothy Bollman
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Missouri

17. INFORMANT (ADDRESS) James W. McEwen Brotherton Lane

18. BURIAL, CREMATION, OR REMOVAL
PLACE Valhalla Cem. DATE Feb. 18 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Beiderwieden F. Home, Inc. 1936 St. Louis Ave.

20. FILED FEB 17 1939 T. R. Meyer M.D. Dr. P.H. Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 14, 1939

22. I HEREBY CERTIFY, That I attended deceased from May 16, 1938, to Feby 14, 1939
I last saw her alive on Feb - 14, 1939. Death is said to have occurred on the date stated above, at 10:53 pm
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Metastatic Carcinoma originating in Left breast | 1933 |

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Other contributory causes of importance:
Hypertension

Name of operation None Date of —
What test confirmed diagnosis? — 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? NO.
If so, specify
(Signed) Edward R. Wistar M.D.O.
(Address) 3700 - N. Grand

(Licensed Embalmer's Statement on Reverse Side)

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.

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, .....

....., or by Loron Percy

Registered Apprentice No. 141, working under my personal supervision.

Signed G. E. Hatz

Licensed Embalmer No. 3737

P. O. Address 1936 St. Louis

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

**If this body is not embalmed, above space should be left blank.**