No. 2
4-13-40
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED JUN 25 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 16709

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 4227

1. PLACE OF DEATH:

(a) County

(b) City or town St.Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 5225 Nagel Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community Life.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St.Louis 2 17
(If outside city or town limits, write "RURAL")

(d) Street No. 5225 Nagel Ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? Life. 0 years.

3. (a) PRINT FULL NAME Lester Ewersmann

3. (b) If veteran, name war

3. (c) Social Security No. 489-09-7480

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Dec. 13 1910
(Month) (Day) (Year)

8. AGE: Years 30 Months 5 Days 5 If less than one day hr. min.

9. Birthplace St.Louis Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Beer Bottler

11. Industry or business

FATHER
12. Name Henry Ewersmann
13. Birthplace Waterloo Ills.
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Frances Rickermann
15. Birthplace Waterloo Ills.
(City, town, or county) (State or foreign country)

16. (a) Informant Emile Vavra
(b) Address 5225 Nagel Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 21/41
(Month) (Day) (Year)
(c) Place: burial or cremation New S.S.Peter & Paul

18. (a) Signature of funeral director Thorkutis & Son
(b) Address 2906 Gravois Ave.

19. (a) MAY 20 1941 (Date received local registrar) (b) J. R. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 18
year 1941 hour 8 00 P.M. minute M.

21. I hereby certify that I attended the deceased from March 20-41, 1941, to May 19, 1941; that I last saw him alive on May 18, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pulmonary Tuberculosis	2 mo
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? (e) Means of injury

23. Signature Dr W H Walters (M. D. ~~another~~)
Address 3608 S 2d Date signed 5/19/41

(Licensed Embalmer's Statement on Reverse Side)

Dr Walker
Mella Bldg
7-8

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 Thos Kites, Registered Apprentice No. ..... working under my personal supervision.

Signed Thos Kites

Licensed Embalmer No. 1619

P. O. Address 2906 Gravois

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

If this body is not embalmed, fact should be so stated above.