

S. No. 2
—11-10-
v. 5-17-39
X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **23475**
Registrar's No. **5827**

FILED AUG 1941
791

Registration District No. **791**

Primary Registration District No. **1003**

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17
9

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County.....

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

(c) Name of hospital or institution:
5464 Cote Brilliant 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..... / (Specify whether
years, months or days)

3. (a) PRINT FULL NAME AUGUST H. SEWING.

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Annie Sewing. 6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased May 27, 1863.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

78	1	16	hr. min.
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9. Birthplace St. Louis, Missouri?
(City, town, or county) (State or foreign country)

10. Usual occupation retired watchman.

11. Industry or business unemployed

MOTHER { 12. Name Henry Sewing.

13. Birthplace ? Germany. 4
(City, town, or county) (State or foreign country)

14. Maiden name Dont know.

15. Birthplace Dont know. 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Annie Sewing.
(b) Address 5464 Cote Brilliant Ave.

17. (a) Burial (b) Date thereof 7-16-1941.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cemetery.

18. (a) Signature of funeral director Geo. L. Pleitsch Inc.
(b) Address 5966-68 Easton Ave.

19. (a) JUL 15 1941 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....

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

(d) Street No. 5464 Cote Brilliant Ave.
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 13th.
year 1941. hour 8 minute 10 P.M.

21. I hereby certify that I attended the deceased from July 15, 1941, to July 16, 1941;
that I last saw h— alive on July 14, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death.....

Ch. myocarditis

Due to.....

Due to..... Senility

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 Ad Sewing (M. D. or other) MD
Address 2342 Ashmun Date signed 7/15/41

Dr. Arthur Sewing.
2349 St. Louis Ave.
Hours 2 to 3 P.M.
Telephone Chestnut 2013

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 3454

David C. Gibson, Registered Apprentice No. _____
working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address 5966 Easton St. La

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.)

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