

No. 2
-4-41
17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

State File No. 33491
Registrar's No. 8447

Registration District No. 791 Primary Registration District No.

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:
DePaul Hospital. 17
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 Days.
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri. (b) County 000
(c) City or town St. Louis. 19 6
(If outside city or town limits, write "RURAL")
(d) Street No. 5215 Lexington Ave. 0
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Harry J. Sewing.
3. (b) If veteran, name war No.
3. (c) Social Security No. None.

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 February 14 1880.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
61 8 9 _____ hr. _____ min.

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

10. Usual occupation Merchant.

11. Industry or business Self.

MOTHER FATHER { 12. Name William J. Sewing.
13. Birthplace Germany. 4
(City, town, or county) (State or foreign country)
14. Maiden name Lena Feldman. 4
15. Birthplace Germany. 4
(City, town, or county) (State or foreign country)

16. (a) Informant Ralph Sewing.
(b) Address 5215 Lexington.

17. (a) Burial. (b) Date thereof 10-27-41.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cem, Hy. Leidner Und. Co.

18. (a) Signature of funeral director _____
(b) Address 2223 St. Louis Ave.

19. (a) OGT 25 1941 (b) J. T. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 23
year 1941 hour 10:45 P. Minute _____ M.
21. I hereby certify that I attended the deceased from Jan 1st 1940 to Oct 23rd 1941.
that I last saw him alive on Oct 23 1941.
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardios (chronic)
Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____
PHYSICIAN _____

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?

While at work _____ (Specify type of place) (e) Means of injury _____
23. Signature G. H. Wilson M.D. (M. D. or other)
Address 4302 W. name care Date signed 10-27-41

(Licensed Embalmer's Statement on Reverse Side)

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

1-3 P.M.

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

Signed Homer L. Ponder

Licensed Embalmer No. 3567

P. O. Address 2223 St Louis Ave

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, fact should be so stated above.