

FILED NOV 23 1942 318

Registration District No.

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Masonic Home of Missouri  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 yrs 11 mos  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5351 Delmar Blvd  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME Alfred Harris Hewlett

3. (b) If veteran, name war  
3. (c) Social Security No.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced, widowed

6. (b) Name of husband or wife Elzada Arnett 6. (c) Age of husband or wife if alive years

7. Birth date of deceased January 28, 1856  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
86 10 20 hr. min.

9. Birthplace Lawrence County, Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name James P. Hewlett  
13. Birthplace Kentucky  
(City, town, or county) (State or foreign country)

14. Maiden name Mary M. Spillman  
15. Birthplace Bowling Green, Ky  
(City, town, or county) (State or foreign country)

16. (a) Informant Iva Busch  
(b) Address 5351 Delmar St Louis

17. (a) Burial (b) Date thereof 11-18-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pierce City, Mo.

18. (e) Signature of funeral director Albert H. Hoppe Inc.

(b) Address 4700 Washington Blvd.

19. (a) NOV 17 1942 (b) J. F. Bredick  
(Date received local health officer) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 16  
year 1942 hour 10.35 minute P. M.

21. I hereby certify that I attended the deceased from Jan. 6, 1939 to Nov. 16, 1942  
that I last saw him live on November 16, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Thrombosis  
Duration 1 Week.

Due to Chronic Myocarditis 9 1/2 I Yr.

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?

While at work? (Specify type of place) (c) Means of injury

23. Signature Delbert Cameron M. D. or other  
Address 504 N. Grand Blvd. Date signed 11-16-42

**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 *W. Wilkins*  
Licensed Embalmer No. *3575*  
P. O. Address.....

**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.**