

Registration District No. 317 Primary Registration District No. 6076

1. PLACE OF DEATH:

(a) County St. Louis,
 (b) City or town Ballwin,
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Pine Crest Nursing Home, 4
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community 5 Months, years, months or days)

3. (a) PRINT FULL NAME Effie Knight Pew,3. (b) If veteran, name war none 3. (c) Social Security No. none4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed6. (b) Name of husband or wife S. O. Pew, 6. (c) Age of husband or wife if alive, years7. Birth date of deceased: July (Month) 25, (Day) 1861 (Year)8. AGE: Years 82 Months 0 Days 0 If less than one day _____ hr. _____ min.9. Birthplace Middletown, (City, town, or county) Mo. (State or foreign country)10. Usual occupation Retired housewife,11. Industry or business Own home,MOTHER FATHER { 12. Name Samuel Marling,
13. Birthplace Ohio, (City, town, or county) (State or foreign country)14. Maiden name Adeline Jones,
15. Birthplace W. Va. (City, town, or county) (State or foreign country)16. (a) Informant Emmett Pew,
(b) Address Bellsville, Mo.17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 27, 43 (Month) (Day) (Year)(c) Place: burial or cremation Middletown, Mo.18. (a) Signature of funeral director F. W. Kuhns,
(b) Address Bellsville, Mo.19. (a) JUL 27 1943 (Date received local registrar) (b) [Signature] (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Montgomery,
 (c) City or town Bellsville,
 (If outside city or town limits, write "RURAL")
 (d) Street No. Highway # 19. (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July, day 25,
year 1943 hour 10 minute 30 A.M.21. I hereby certify that I attended the deceased from April
20, 1943 to July 25, 1943that I last saw her alive on July 24, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Chronic Myocarditis

Due to _____

Due to _____

Other conditions Arterio Sclerosis
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: _____

Of operations: 93d

Of autopsy: _____

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? _____

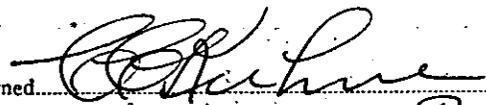
While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature R. W. Jansen (M. D. or other)Address Manchester, Mo. Date signed 7/26/43

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.....



Licensed Embalmer No. 3069

P. O. Address Wellsville MO

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.