

7. S. No. 2  
00M-2-43  
5-17-39  
I X35897

29305

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. \_\_\_\_\_

Registration District No. 318 Primary Registration District No. 1002

1. PLACE OF DEATH:  
(a) County \_\_\_\_\_  
(b) City or town St. Louis Mo.  
(c) Name of hospital or institution 2717 Salena  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community Life.

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis.  
(d) Street No. 2717 Salena St.  
(e) Citizen of foreign country? \_\_\_\_\_

3. (a) PRINT FULL NAME EDWARD ADAM EWERSMANN  
(b) If veteran, name war \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Sept day 2nd  
year 1943 hour 9 minute 00 of M.

4. Sex Male 5. Color or Race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Mamie Ewersmann 6. (c) Age of husband or wife if alive 48 years  
7. Birth date of deceased AUG 13 1894

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_  
and that death occurred on the date and hour stated above.  
Immediate cause of death \_\_\_\_\_  
Coronary Thrombosis  
Acute Myocardial and Cerebral  
Due to no diabetes - saturated

8. AGE: Years 54 Months 0 Days 20 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

9. Birthplace St. Louis Mo.  
10. Usual occupation Truck Driver  
11. Industry or business Weber Drayage Co.

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? \_\_\_\_\_  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

MOTHER FATHER {  
12. Name Henry Ewersmann  
13. Birthplace Waterloo Ills.  
14. Maiden name Frances Richmann  
15. Birthplace Waterloo Ills.

23. Signature Alfred Perry (M.D. or other) \_\_\_\_\_  
Address \_\_\_\_\_ Date signed 9/13/43

16. (a) Informant Mamie Ewersmann  
(b) Address 2717 Salena St.

17. (a) Burial (b) Date thereof Sept 6-43  
(c) Place: burial or cremation New S. S. Peter & Paul  
18. (a) Signature of funeral director J. F. Bremer  
(b) Address 2906 Gravois Ave

19. (a) SEP 4 1943 (Data received local registrar) \_\_\_\_\_ (Registrar's signature) \_\_\_\_\_

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

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..... *David Van Fossan*.....

..... Licensed Embalmer No. *8242*.....

..... P. O. Address *2906 Mason*.....

**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.**