

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

2
45
39
47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 7 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42684

State File No.

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **11073**

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:
Mo PACIFIC Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 MONTH
(Specify whether years, months or days)

3. (a) PRINT FULL NAME James Whitelaw McEwen
3. (b) If veteran, name war —
3. (c) Social Security No. 702-72-6203

4. Sex MALE 5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife ESTELLA
6. (c) Age of husband or wife if alive 55 years
7. Birth date of deceased FEB 15 1878
(Month) (Day) (Year)

8. AGE: Years 68 Months 10 Days 6
If less than one day hr. min.

9. Birthplace: PITTSBURG TENN.
(City, town, or county) (State or foreign country)

10. Usual occupation TRAVELER
11. Industry or business RAIL ROAD

12. Name of father WILLIAM MCEWEN

13. Birthplace (City, town, or county) SCOTLAND
(State or foreign country)

14. Name of mother JEAN LUMBEN

15. Birthplace (City, town, or county) SCOTLAND
(State or foreign country)

16. (a) Informant MRS IRENE SOMMERST
(b) Address 119 N. 36 ST. BELLEVILLE, ILL.

17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof 12-23-46
(Month) (Day) (Year)

(c) Place: burial or cremation BELLEVILLE, ILL.
18. (a) Signature of funeral director ROWLAND SERVICE
(b) Address 4355 WASHINGTON AV

19. (a) DEC 20 1946 (b) J. F. Prebeck
(Physician received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State ILLINOIS (b) County ST. CLAIR
(c) City or town BELLEVILLE
(If outside city or town limits, write "RURAL")
(d) Street No. 612 BRISTOW AV.
(If rural, give location) NR 2
(e) Citizen of foreign country? — (Yes or No)
If yes, name country

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 12 day 20
year 1946 hour 9 minute 00 P.M.

21. I hereby certify that I attended the deceased from Dec 9, 1946 to Dec 20, 1946
that I last saw him alive on Dec 20, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death CORONARY THROMBOSIS
Duration 2 days

Due to 57
Due to

Other conditions Carcinoma of bladder, urinary
(Include pregnancy within 3 months of death)
Diabetic Mellitus

Major findings: Of operations

Of autopsy Coronary artery thrombosis
CARCINOMA OF BLADDER
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) (Specify means of injury)

23. Signature Samuel D. Seloumy (M. D. or other)
Address 1755 So. Grand Date signed 12/21/46

11073

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..... *Ronald Yahrke*
Licensed Embalmer No..... *3917*
P. O. Address..... *St Louis 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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of _____ }
County of _____ } ss.

State File No. _____

AFFIDAVIT FOR CORRECTION OF A RECORD Local Registrar's No. 11073

On this _____ day of _____, 194____, before me appears _____
Mrs. Estella McEwen, who, upon her oath, states that the original record of ^{birth} death
for James Whitelaw McEwen died 12-20, 1946, in the State of
Missouri, and which was filed at _____ on _____, 19____, should be corrected as follows:

Item No. 3 should read 702-12-6203

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL) Affiant Mrs Estella McEwen ^{Wife}
Relationship.

612 Brewster
Present Address.

Subscribed and sworn to before me this 17 day of Jan, 1947

My Commission expires 3-4-47 Earl C. Paldor Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

42684