

No. 2
-12-45
-17-39
1 X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 14 1947
318

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **18794**
Registrar's No. **5660**

Registration District No. _____ Primary Registration District No. **1003**

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:
St. Luke's Hospital, 0
(If not in hospital or institution, write street number of location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community Life time years, months or days)

3. (a) PRINT FULL NAME Grace F. Ewing
3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Nathaniel F. Ewing
6. (c) Age of husband or wife if alive 76 years
7. Birth date of deceased February 5, 1873
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 4 3 hr. min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER
12. Name James A. Fisher
13. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Winifred Hempborn
15. Birthplace Philadelphia, Pa.
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Paul J. Fisher
(b) Address 23 Lenox Place

17. (a) burial (b) Date thereof 6/10/47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Bellefontaine Cem.

18. (a) Signature of funeral director Wagoner Mortuary
(b) Address 4161 Lindell Blvd.

19. (a) JUN 9 1947 (b) J. F. Bredich
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17
(d) Street No. 23c Lenox Place (If rural, give location) 9
12 (e) Citizen of foreign country? No (Yes or No) 0
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 8
year 1947 hour 11 35 minute _____ M.
21. I hereby certify that I attended the deceased from May 4 1947
to June 8 1947
that I last saw her alive on June 8 and that death occurred on the date and hour stated above. 1947
Immediate cause of death Retention cell lymphosarcoma Duration ?

Due to _____
Due to 55
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) Manner of injury _____
23. Signature Geo W. Ittner (M. D. or other) 0
Address 3720 Westington Date signed 6-9-47

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

Mr. Geo. Ittner
3720 Washington St.

1 30 PM

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 Nevelle B. Prokwitter

Licensed Embalmer No. 3696

P. O. Address 4161 Lindell

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.