. S. No. 2
0M—1/47
ev. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 29 1947

Registration District No.

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3063

State File No. 36459

Registrar's No. 9202

1. PLACE OF DEATH:

(a) County: ST. LOUIS COUNTY

(b) City or town: CLAYTON
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: ST. LOUIS COUNTY HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 3 DAYS (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State: MISSOURI (b) County: ST. LOUIS CO.

(c) City or town: PATTONVILLE
(If outside city or town limits, write "RURAL")

(d) Street No.: OLD ST. CHARLES ROAD
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME: HARRY D. EWING

3. (b) If veteran, name war: Nil

3. (c) Social Security No.:

4. Sex: MALE

5. Color or race: WHITE

6. (a) Single, widowed, married, divorced: WIDOWED

6. (b) Name of husband or wife: EMMA

6. (c) Age of husband or wife if alive: years

7. Birth date of deceased: OCT. (Month) 23 (Day) 1888 (Year)

8. AGE: Years	Months	Days	If less than one day
59	11	24	hr. min.

9. Birthplace: KANSAS CITY (City, town, or county) MO. (State or foreign country)

10. Usual occupation: SALESMAN

11. Industry or business:

MOTHER FATHER

12. Name: HARRY EWING

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

14. Maiden name: UNK

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

16. (a) Informant: DALE E. EWING

(b) Address: OLD ST. CHARLES RD., PATTONVILLE

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: Oct 17 - 47 (Month) (Day) (Year)

(c) Place: burial or cremation: OAK GROVE CEM.

18. (a) Signature of funeral director: Guy Mullen

(b) Address: 5041 Delmar

19. (a) 10-20-47 (Date received local registrar) (b) Carl G. Harp M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: OCT. day: 17 year: 1947 hour: 2 minute: 55 A.M.

21. I hereby certify that I attended the deceased from: OCT. 14, 1947, to OCT. 17, 1947; that I last saw him alive on: OCT. 17, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death: Metastatic Carcinoma of the liver

Due to:

Due to: 46F

Other conditions (Include pregnancy within 3 months of death):

Major findings: Of operations:

Of autopsy: Metastatic Carcinoma of the liver - primary site in duodenum

Duration

PHYSICIAN

Underline the cause of 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? (Specify type of place)

While at work? (e) Means of injury: 0

23. Signature: R L Henderson (M. D. ~~or other~~)

Address: 601 BREMWOOD BLD. Date signed: 10/18/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Rex Campbell

Licensed Embalmer No. 3880

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.