No. 2
1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 14 1948

Registration District No. 3787

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 3350

Primary Registration District No. 3066

Registrar's No. 13

1. PLACE OF DEATH
(a) County: St Louis
(b) City or town: Kirkwood (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Tammany Home 696 W. Washington (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 1 Week (Specify whether years, months or days)
In this community:

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Same
(c) City or town: St. Louis (If outside city or town limits, write "RURAL")
(d) Street No.: 5714 Page Blvd (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Minnie A. Sewing
3. (b) If veteran, name war:
3. (c) Social Security No.:

4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Single
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: June (Month) 16 (Day) 1868 (Year)

8. AGE: Years	Months	Days	If less than one day
79	6	16	hr. min.

9. Birthplace: St. Louis Mo (City, town, or county) (State or foreign country)
10. Usual occupation: Unemployed
11. Industry or business:

FATHER
12. Name: Jobst Hy. Sewing
13. Birthplace: Germany (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Charlotte Brune
15. Birthplace: Germany (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Emma Oldenburg
(b) Address: 6407 Woodbine Court
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 1/5/48 (Month) (Day) (Year)
(c) Place: burial or cremation: St. Peter's Cemetery
18. (a) Signature of funeral director: Calvin J. Fritz
(b) Address: 4828 Nat Bridge Blvd
19. (a) 1-3-48 (Date received local registrar) (b) Cecilia Hoffman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 2 year 1948 hour 4 minute P M.
21. I hereby certify that I attended the deceased from July, 1947, to Dec 21, 1947; that I last saw h alive on Jan 2, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
CA Myocarditis	
Due to: Senility 93 Y	
Due to:	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations:
Of autopsy:

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:
23. Signature: A. H. Lewis (M. D. or other) M. D.
Address: 2342 St Louis Av Date signed: 1/3/48

Licensed Embalmer's Statement on Reverse Side)

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

Jefferson City Printing Co.

JAN 15 1948

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 Ralph C. Linders

Licensed Embalmer No. 4275

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.