

FILED APR 8 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10006

State File No. 2848

318

1003

Registrar's No.

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN		c. LENGTH OF STAY (In this place) township)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN		17 19	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS			
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH		5. SEX	
a. (First)		b. (Middle)		c. (Last)		6. COLOR OR RACE	
Katherine		-----		Ewald		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
8. DATE OF BIRTH		9. AGE (In years last birthday)		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		11. BIRTHPLACE (State or foreign country)	
April 11, 1860		88		Missionary		St. Louis, Missouri, U.S.A.	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY		13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME	
Retired		Retired		Philip Ewald		Catherine Ewald	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES?		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME	
-----		no		no		Mrs. M. Jones 4431 S. Broadway St. Louis, Missouri	
18. CAUSE OF DEATH				MEDICAL CERTIFICATION			
Enter only one cause per line for (a), (b), and (c)				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerosis</u>			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				ANTECEDENT CAUSES			
				DUE TO (b) <u>Senility</u> 93d			
				DUE TO (c) <u>Bed fast for 3 yrs</u>			
				II. OTHER SIGNIFICANT CONDITIONS			
				<u>Cataracts both eyes</u> #1501			
				<u>Claudication toes (Right)</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY?	
		none				YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP)		21d. (COUNTY)	
no							
21e. TIME OF INJURY (Month) (Day) (Year) (Hour)		21f. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21g. HOW DID INJURY OCCUR?			
no							
22. I hereby certify that I attended the deceased from <u>April, 1933</u> to <u>Mar 29, 1949</u> , that I last saw the deceased alive on <u>Mar 25, 1949</u> and that death occurred at <u>3:30</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title)				23b. ADDRESS		23c. DATE SIGNED	
<u>Chas. E. Hyndman</u>				<u>3720 Washington</u>		<u>3/29/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State)	
Burial		March 31, 1949		Bellefontains Cemetery		St. Louis, Missouri	
DATE REC'D BY LOCAL REG.				REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE	
MAR 29 1949				<u>J. B. Pasatka</u>		C. Hofmeister U. & L. Co. 7814 S. Broadway	

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

Dr. Elmer Stephenson

3720 Washington

Bureau Medicine Realty

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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed Linus C. Hoffmeister

Signed _____
Student Embalmer

Licensed Embalmer No. 3871

P. O. Address 7814 S Broadway

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.