

FILED MAY 28 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 18183

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 387 PRIMARY REG. DIST. NO. 6076 Registrar's No. 1158

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo.</b> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Lemay</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Lemay</b>	
c. LENGTH OF STAY (in this place) _____		d. STREET ADDRESS (If rural, give location) <b>411 Jett</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>411 Jett</b>			
3. NAME OF DECEASED a. (First) <b>ANNIE</b> (Type or Print)		b. (Middle) _____ c. (Last) <b>SEWING</b>	
4. DATE OF DEATH (Month) (Day) (Year) <b>May 11 1949</b>			
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>	8. DATE OF BIRTH <b>Jan. 1, 1865</b>
9. AGE (In years last birthday) <b>84</b>	IF UNDER 1 YEAR Months <b>4</b>	IF UNDER 12 HRS. Days <b>10</b>	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housework</b>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <b>Louisville, Ky.</b>	12. CITIZEN OF WHAT COUNTRY? <b>1</b>
13a. FATHER'S NAME <b>John Fahey</b>		13b. MOTHER'S MAIDEN NAME <b>Bridget McGrath</b>	
14. NAME OF HUSBAND OR WIFE <b>Late August H. Sewing</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME <b>James J. Sewing</b>		ADDRESS <b>6223 Wagner Ave.</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Paralysis h.</b> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Chronic cardio. vascular disease</b> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>diabetes mellitus</b>	
INTERVAL BETWEEN ONSET AND DEATH <b>24 hrs.</b>		per. years <b>44 2</b> <b>2 yrs.</b>	
19a. DATE OF OPERATION <b>5/11/49</b>	19b. MAJOR FINDINGS OF OPERATION <b>61</b>		20. AUTOPSY? 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) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>61</b>	
22. I hereby certify that I attended the deceased from <b>1947</b> to <b>5-11</b> , 19 <b>49</b> , that I last saw the deceased alive on <b>5-11</b> , 19 <b>49</b> , and that death occurred at <b>4:20A.M.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>Erwin D. Creelins M.D.</b>		23b. ADDRESS <b>752 Lemay Ferry Rd</b>	
23c. DATE SIGNED <b>5-11-49</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>May 13, 1949</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>
DATE REC'D BY LOCAL REG. <b>5/11/49</b>	REGISTRAR'S SIGNATURE <b>Erwin D. Creelins M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Kriegshauser</b>	
		ADDRESS <b>4228 S. Kingshighway Bl.</b>	

(Licensed Funeral Home Statement on Reverse Side)

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

**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.

Student .....  
Student Embalmer

Signed Richard W. Stovesand

Licensed Embalmer No. 4007

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.