

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11344**

FILED MAR 20 1952
XC None

REG #99884

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 478

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

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE ILLINOIS b. COUNTY Morgan	
b. CITY (If outside corporate limits, write RURAL and give township) TOWN JEFFERSON BARRACKS		c. CITY (If outside corporate limits, write RURAL and give township) JACKSONVILLE 8120	
c. LENGTH OF STAY (in this place) 16 DAYS		d. STREET ADDRESS (If rural, give location) 866 W. COLLEGE 8	
d. FULL NAME OF HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSP			

3. NAME OF DECEASED (Type or Print) a. (First) ARTHUR b. (Middle) F c. (Last) EWERT			4. DATE OF DEATH 2-22-52		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 9-6-1883	9. AGE (In years last birthday) 64	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MINISTER		10b. KIND OF BUSINESS OR INDUSTRY -----		11. BIRTHPLACE (State or foreign country) SILVER PLUME, COLO.	
13a. FATHER'S NAME ALBERT EWERT		13b. MOTHER'S MAIDEN NAME ELIZABETH MILLER		14. NAME OF HUSBAND OR WIFE MINNIE E. EWERT	

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW-II	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME VA HOSPITAL RECORDS, JEFF BRKS, MO		ADDRESS MO
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* CARCINOMA OF RECTUM WITH ADVANCED METASTASIS TO LIVER			INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) DUE TO (c)			
	II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 154x	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-6-52, 19 , to 2-22-52, 19 , ~~XXXXXXXXXXXXXXXXXXXX~~ and that death occurred at 1:25a m., from the causes and on the date stated above.

23a. SIGNATURE <i>M. J. Fingerhood</i>	(Degree or title) MD	23b. ADDRESS VAH, JEFFERSON BARRACKS, MO.	23c. DATE SIGNED 2-22-52
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 2-22-52	24c. NAME OF CEMETERY OR CREMATORY Diamond Grove	24d. LOCATION (City, town, or county) (State) Jacksonville, Ill.

DATE REC'D BY LOCAL REG. 2-22-52	REGISTRAR'S SIGNATURE <i>Herbert R. Donke</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Albert H. Hoppe</i>	ADDRESS 4700 Washington Blvd.
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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 Me

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed

G. W. Wilkinson

Licensed Embalmer No. 3575

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.