

FILED JUL 31 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 25759  
Registrar's No. 7104

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 3181 PRIMARY REG. DIST. NO. 1003 Registrar's No. 7104

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Infirmary</u>		d. STREET ADDRESS (If rural, give location) <u>11 1912 Coleman St.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Gertrude</u> b. (Middle) <u>Rita</u> c. (Last) <u>Ewing</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 21, 1952</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>9</u>	8. DATE OF BIRTH <u>July 13, 1913</u>
9. AGE (In years last birthday) <u>39</u>		IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Domestic</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>William A. Hamilton</u>	
13b. MOTHER'S MAIDEN NAME <u>Naomi Williams</u>		14. NAME OF HUSBAND OR WIFE <u>LeRoy Ewing</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <u>Naomi Hamilton</u>		ADDRESS <u>3519 1/2 Easton Ave.</u>	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>catelactasis - pulmonary</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Post-operative</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION <u>7/17/52</u>		19b. MAJOR FINDINGS OF OPERATION <u>Right prople access</u>	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
21b. PLACE OF INJURY (e.g., to or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>626X</u>			
22. I hereby certify that I attended the deceased from <u>7/7</u> , 19 <u>52</u> , to <u>7/21</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>7/20</u> , 19 <u>52</u> , and that death occurred at <u>6:30 a. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>LeRoy Ewing</u> (Degree or title)		23b. ADDRESS <u>4069 1/2 Easton Ave</u>	
23c. DATE SIGNED <u>7/23/52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>4</u>		24b. DATE <u>7/24/52</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Greenwood Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Co., Mo.</u>	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>J. Carl Smith, M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>E. J. ... (2217 Grand</u>	

no pregnancy or abortion. Influenza of unknown origin. 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

*Clarence Crews*

Licensed Embalmer No. *7753*

P. O. Address *1221 N. Grand*

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.