

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

6146

State File No. ....

FILLED MAR 12 1954

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1987

|  |  |   |   |
|--|--|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY |   |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN <u>St. Louis</u>  |  | c. LENGTH OF STAY (in this place)<br><u>35 yrs.</u>   | c. CITY OR TOWN <u>St. Louis</u>  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><u>4137 Aldine Avenue</u>   |  | d. Is Residence within limits of a city or incorporated town?<br>Yes <input type="checkbox"/> No <input type="checkbox"/>   |   |
| 3. NAME OF DECEASED<br>(Type or Print)   |  | a. (First) <u>EARL</u>  | b. (Middle) <u>A</u>  |
|  |  | c. (Last) <u>EWING</u>  | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><u>Mar. 1, 1954</u>                     |
| 5. SEX<br><u>Male</u>  | 6. COLOR OR RACE<br><u>Negro</u>   | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>Married</u>  | 8. DATE OF BIRTH<br><u>June 14, 1893</u>  |
| 9. AGE (in years last birthday)<br><u>60</u>   | IF UNDER 1 YEAR<br>Months  | IF UNDER 1 YEAR<br>Days   | IF UNDER 1 MIN.<br>Hours  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Carpenter</u>  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Self</u>   | 11. BIRTHPLACE (City and State or Foreign Country)<br><u>Clarksville, Tennessee</u>   | 12. CITIZEN OF WHAT COUNTRY?<br><u>U. S. A.</u>                                     |
| 13a. FATHER'S NAME<br><u>Unknown</u>   |  | 13b. MOTHER'S MAIDEN NAME<br><u>Nellie (?)</u>  | 14. NAME OF HUSBAND OR WIFE<br><u>Amanda Ewing</u>                                  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u>  |  | 16. SOCIAL SECURITY NO.   | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><u>Amanda Ewing 4137 Aldine Avenue</u> |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)  |  | MEDICAL CERTIFICATION   |   |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Ulcer of stomach</u>   |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>4/19/53</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<br>Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.    |   |
| DUE TO (b) _____   |  | DUE TO (c) _____  |   |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.  |  |   |   |
| 19a. DATE OF OPERATION   | 19b. MAJOR FINDINGS OF OPERATION   |   | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)<br><u>suicide</u>   | 21b. PLACE OR INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)               | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)   | 21f. HOW DID INJURY OCCUR?<br><u>5400</u>   |
| 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"/> |   |   |
| 22. I hereby certify that I attended the deceased from <u>Jan 15, 1953</u> to <u>March 17, 1954</u> , that I last saw the deceased alive on <u>March 17, 1954</u> , and that death occurred at <u>4:00</u> m., from the causes and on the date stated above. |  |   |   |
| 23a. SIGNATURE (Degree or title)<br><u>James T. Aldrich M.D.</u>   |  | 23b. ADDRESS<br><u>2607 1/2 Franklin Ave.</u>   | 23c. DATE SIGNED<br><u>3-2-54</u>   |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Removal</u>  | 24b. DATE<br><u>3/4/1954</u>   | 24c. NAME OF CEMETERY OR CREMATORY<br><u>St. Peter's Cemetery</u>   | 24d. LOCATION (City, town, or county) (State)<br><u>St. Louis County, Mo.</u>       |
| DATE REC'D BY LOCAL REG.<br><u>MAR 3 1954</u>  | REGISTRAR'S SIGNATURE<br><u>Carl Smith</u>   | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><u>Charles J. Gates 4107 Finney Ave.</u>  |   |

(Licensed Embalmer's Statement on Reverse Side)

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

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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 ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Arthur L. Heilbrad*.....

Licensed Embalmer No. *422*.....

P. O. Address *4107 Finne*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.