

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

42989

FILED DEC 27 1956

318

1003

STATE FILE NUMBER

11060

Registration District No. _____ Primary Registration District No. _____ Registrar's _____

1. PLACE OF DEATH a. COUNTY _____ b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY _____ c. CITY OR TOWN St. Louis Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Lukes Hospital Length of stay in 1b _____		d. STREET ADDRESS 4557 McPherson (If outside, give location) _____ Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		2/29/56		
3. NAME OF DECEASED (Type or print) NORMAN L EUWER First Middle Last			4. DATE OF DEATH December 2nd, 1956 Month Day Year			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH February 27, 1877	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Month Days Hours Min. 9 5	IF UNDER 24 HRS. Hours Min. 5
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired minister - 2nd		10b. KIND OF BUSINESS OR INDUSTRY Presbyterian Church	11. BIRTHPLACE (City and state or country) Pittsburg, Penn.		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Mathew G. Euwer			14. MOTHER'S MAIDEN NAME Elizabeth Logen			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. 487-40-4187	17. INFORMANT Mrs. Myrtle Campbell Euwer Address 4557 McPherson			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Thrombosis Right hemiplegia DUE TO (b) Arteriosclerosis of cerebral artery DUE TO (c) Hypertensive vascular disease Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Arteriosclerotic Heart disease					INTERVAL BETWEEN ONSET AND DEATH 3 days 3-4 years 3-4 years	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 332X				
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. Month _____ Day _____ Year _____		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____ 20e. CITY, TOWN, OR LOCATION _____ COUNTY _____ STATE _____				
21. I attended the deceased from Dec 1955 to Dec 2, 1956 and last saw ^{her} him alive on Dec 1, 1956 Death occurred at Dec 2, 1956 6 A m on the date stated above; and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE Keith S. Wilson, M.D. (Degree or title)		22b. ADDRESS 4952 Maryland Ave		22c. DATE SIGNED Dec 3, 1956		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12 / 4 / 56	23c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cemetery	23d. LOCATION (City, town, or county) (State) St. Louis, Missouri			
24. FUNERAL DIRECTOR C. R. Lupton & Sons ADDRESS 7233 Delmar Blvd.		25. DATE RECD. BY LOCAL REG. DEC 3 1956	26. REGISTRAR'S SIGNATURE Carl Smith M.D. mjs			

(Licensed Embalmer's Statement on Reverse Side)

4952 Maryland Avenue
FO. 1-2910
1:30 To 4 PM

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 *Arnold W. Schoene*.....

Licensed Embalmer No. *386*

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.