

**DURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**59-038473**

**FILED VS OCT 19 1959**

**317**

Primary Registration District No. **500**

Registrar's No. **2642**

STATE FILE NUMBER

UNRECORDED

<b>1. PLACE OF DEATH</b> a. COUNTY <b>St. Louis</b>				<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY _____					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Manchester</b>		Length of stay in 1b <b>5 weeks</b>		c. CITY OR TOWN <b>St. Louis</b>		Inside Limits: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Manchester Nursing Home</b>			Inside Limits: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>3822 Folsom Ave.</b>		Reside on Farm: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
<b>3. NAME OF DECEASED</b> (Type or print) First Middle Last <b>CHRISTINE EWERS</b>				<b>4. DATE OF DEATH</b> Month Day Year <b>October 3, 1959</b>					
<b>5. SEX</b> <b>female</b>	<b>6. COLOR OR RACE</b> <b>white</b>	<b>7. Married</b> <input type="checkbox"/> <b>Never Married</b> <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		<b>8. DATE OF BIRTH</b> <b>12/14/1877</b>		<b>9. AGE (last birthday)</b> <b>81 yrs.</b>		IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min. <b>9 19</b>	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Housework</b>			<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>at home</b>		<b>11. BIRTHPLACE</b> (City and state or country) <b>St. Louis, Mo.</b>		<b>12. CITIZEN OF WHAT COUNTRY</b> <b>U. S. A.</b>		
<b>13a. FATHER'S NAME</b> <b>Joseph Ewers</b>			<b>13b. MOTHER'S MAIDEN NAME</b> <b>Mary Steckler</b>			<b>14. NAME OF HUSBAND OR WIFE</b> <b>none</b>			
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		<b>16. SOCIAL SECURITY NO.</b> <b>none</b>		<b>17. INFORMANT</b> Address <b>Harry J. Ewers, Jr. - 3190 S. Grand Blvd.</b>					
<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>CARDIO-VASCULAR DISEASE</b> DUE TO (b) <b>SENILITY</b> DUE TO (c) _____							INTERVAL BETWEEN ONSET AND DEATH <b>?</b>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							<b>4221</b>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>NONE</b>						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			
<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	<b>20a. ACCIDENT</b> <input type="checkbox"/>	<b>SUICIDE</b> <input type="checkbox"/>	<b>HOMICIDE</b> <input type="checkbox"/>	<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)					
<b>20c. TIME OF INJURY</b> Hour a.m. p.m.	Month, Day, Year								
<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>20f. CITY, TOWN, OR LOCATION</b>		<b>COUNTY</b>		<b>STATE</b>	
<b>21. I attended the deceased from</b> <u>May 11, 1959</u> to <u>10/3/59</u> and last saw her <sup>him</sup> alive on <u>OCT. 3, 1959</u> Death occurred at <u>11:00 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.									
<b>22a. SIGNATURE</b> (Degree or title) <b>B. R. Loving M.D.</b>				<b>22b. ADDRESS</b> <b>Ballwin, Missouri</b>				<b>22c. DATE SIGNED</b> <b>10-5-59</b>	
<b>23a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Removal</b>	<b>23b. DATE</b> <b>10/6/59</b>	<b>23c. NAME OF CEMETERY OR CREMATORY</b> <b>SS. Peter &amp; Paul Cemetery</b>		<b>23d. LOCATION</b> (City, town, or county) (State) <b>St. Louis, Missouri</b>					
<b>24. FUNERAL DIRECTOR</b> ADDRESS <b>Gebken Sons - 2630 Gravois Ave.</b>			<b>25. DATE RECD. BY LOCAL REG.</b> <b>10-5-59</b>		<b>26. REGISTRAR'S SIGNATURE</b> <i>John B. Mumfley M.D.</i>				

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**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

*Robert F. Lehman*

Licensed Embalmer No. 4144

P. O. Address 2630 Gravois Ave.

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.