

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.
15339
15472

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City **St. Louis** (No. **5588** **Waterman Ave.**) St. _____ Ward _____

File No. _____
Registered No. **14272**
St. _____ Ward _____

2. FULL NAME

Mortimer Alfred Newhouse

(a) Residence, No. _____ St. **5** Ward. _____

(Usual place of abode) _____ (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **Widowed**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Teresa Newhouse**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Sept. 9, 1848**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	79	7	9	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **Retired**
(b) General nature of industry, business, or establishment in which employed (or employer) **Art Dealer**
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) **New York**
(STATE OR COUNTRY) **N. Y.**

10. NAME OF FATHER **Not Known**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____
(STATE OR COUNTRY) **Germany**

12. MAIDEN NAME OF MOTHER **not Known**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____
(STATE OR COUNTRY) **Germany**

14. INFORMANT **Bertram M. Newhouse**
(Address) **5588 Waterman Ave.**

15. FILED **APR 19 1928** **W. C. Starbuck** REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **April 18 1928**

17. I HEREBY CERTIFY, That I attended deceased from **October**, 19**27**, to **April 18**, 19**28**, that I last saw him alive on **April 18**, 19**28**, and that death occurred, on the date stated above, at **10:40** P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

**Arterio-sclerotic gangrene, left leg
Diabetes mellitus**

CONTRIBUTORY (SECONDARY) **57** (duration) _____ yrs. **6** mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED _____ (duration) _____ yrs. _____ mos. _____ ds.

IF NOT AT PLACE OF DEATH, _____
DID AN OPERATION PRECEDE DEATH? **no** DATE OF _____

WAS THERE AN AUTOPSY? **no**

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) **Paul S. Lowenstein**, M. D.

April 18, 1928 (Address) **Metropolitan Bldg.**

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL **Valhalla Crematory** DATE OF BURIAL **April 20 1928**

20. UNDERTAKER **H. Rindskopf** ADDRESS **5216 Delmar**

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

