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.

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

Do not use this space.
15418
15151

File No. 4352
Registered No.

1. PLACE OF DEATH

County ..... Registration District No. 791
Township ..... Primary Registration District No. 1003
City St. Louis (No. 1334 Graham ave St. ..... Ward)

2. FULL NAME Louis A. Newcomer

(a) Residence. No. ..... St. 4 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jane Newcomer

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 28, 1846

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ... hrs. or ..... min.
	81	9	22	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Landscape worker
(b) General nature of industry, business, or establishment in which employed (or employer) Park Dept.
(c) Name of employer City

9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY) Maryland

PARENTS
10. NAME OF FATHER Joshua Newcomer
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Maryland
12. MAIDEN NAME OF MOTHER Mary Pinkeny
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Not known

14. INFORMANT Miss Mary A. Newcomer
(Address) 1334 Graham ave

15. FILED APR 21 1928, 19..... Leo C. Stavenhagen REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 20 1928

17. I HEREBY CERTIFY, That I attended deceased from April 18, 1928, to April 20, 1928, that I last saw him alive on April 19, 1928, and that death occurred, on the date stated above, at 8 40 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lobar Pneumonia, Pneumonia 91 A
89
(duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (SECONDARY) Arteriosclerosis
(duration) 8 yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) Wm Tremel, M. D
4/21, 1928 (Address) 727 Lafayette ave

*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 Memorial Park Cem — DATE OF BURIAL Apr 23 1928

20. UNDERTAKER Elmer Shepard 1167 — ADDRESS Hamilton

1722 K