

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

Do not use this space.

18759

**1. PLACE OF DEATH**

County..... Registration District No. 791  
 Township St Louis Primary Registration District No. 1003 File No.....  
 City St Louis (No. 4411 Alaska Ave) Registered No. 5154 St. .... Ward)

**2. FULL NAME**

Elmer F. New  
 (a) Residence. No. 4411 Alaska St., 15 Ward. (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) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 19 1920

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
7 | 10 | 20 |    |    |   

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work School Boy  
 (b) General nature of industry, business, or establishment in which employed (or employer)  
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St Louis  
 (STATE OR COUNTRY) Mo

10. NAME OF FATHER Geo. New

11. BIRTHPLACE OF FATHER (CITY OR TOWN) St Louis  
 (STATE OR COUNTRY) Mo

12. MAIDEN NAME OF MOTHER Kate Kossel

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St Louis  
 (STATE OR COUNTRY) Mo

14. INFORMANT George New  
 (Address) 44 N Alaska

15. FILED May 19 1928 May C Stankoff  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 9 1928

17. I HEREBY CERTIFY, That I attended deceased from May 7, 1928, to May 9, 1928, that I last saw him alive on May 7, 1928, and that death occurred, on the date stated above, at May 8:50 A. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Cardiac Failure  
24 (duration) A. yrs. mos. ds. 3  
 CONTRIBUTOR Cerebro Spinal Meningitis  
Meningoencephalitis yrs. mos. ds. 2 8

18. WHERE WAS DISEASE CONTRACTED Epidemic  
 IF NOT AT PLACE OF DEATH,.....

DID AN OPERATION PRECEDE DEATH? No DATE OF.....  
 WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Culture findings  
 (Signed) W E Haldemire, M. D.  
5/10, 1928 (Address) 4504 Virginia

\*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 S.S Peter & Paul DATE OF BURIAL 5-11 1928

20. UNDERTAKER Mr Schumacher ADDRESS 3013 Myrtle

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.

6/2/19

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