

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

Do not use this space.

35200

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City **St. Louis** (No. **2413 N. Grand Blvd**) St. _____ Ward _____
 Registered No. **40184**

2. FULL NAME *Rev. Joseph P. Newman*

(a) Residence. No. **2413 N. Grand Blvd** St. _____ Ward _____
 (Usual place of abode)

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

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *June 3 - 1875*

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<i>03</i>	<i>4</i>	<i>12</i>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work *Catholic Priest*
 (b) General nature of industry, business, or establishment in which employed (or employer).....
 (c) Name of employer *Pastor of St. Teresa Church*

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

10. NAME OF FATHER *James Newman*

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

12. MAIDEN NAME OF MOTHER *Margaret Brophy*

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

14. INFORMANT *Rev. James Johnston*
 (Address) *2413 N. Grand Blvd*

15. FILED *Mark Starckoff*
 REGISTRAR

3 : MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *October 15, 1928*

17. I HEREBY CERTIFY That I attended deceased from *March 30, 1928* to *October 15, 1928* that I last saw him alive on *October 6, 1928*, and that death occurred, on the date stated above, at *5 o'clock P.M.*

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocarditis (Chronic)
130 954/24W
 (duration) *5* yrs. mos. da.
CONTRIBUTORY (SECONDARY) *nephritis - Hypertension*
 (duration) *5* yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

0 DID AN OPERATION PRECEDE DEATH? *No* DATE OF.....

WAS THERE AN AUTOPSY? *No*

WHAT TEST CONFIRMED DIAGNOSIS? *Physical Examination*

(Signed) *Daniel P. Stephens, M.D.*

, 19 (Address) *937 University Club 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 **DATE OF BURIAL**

Calvary Cemetery *Oct. 18, 1928*

20. UNDERTAKER **ADDRESS**

Cullman Bros 1702 Mar 121

K. 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.

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

