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.

MAR 27 1929

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

Do not use this space.

7962

1. PLACE OF DEATH

County St Louis — Registration District No. 1170 — File No.

Township Central — Primary Registration District No. 6248 H — Registered No. 45

City Richmond Heights (No. St Marys Hospital St. Ward)

2. FULL NAME Veronica Newsham

(a) Residence. No. 5537 Pershing St., Ward. St Louis, Mo.
(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: Female

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: Alexander J Newsham

6. DATE OF BIRTH (MONTH, DAY AND YEAR): April 20th 1890

7. AGE: Years 38 — Months 9 — Days 20 — If LESS than 1 day, ___ hrs. or ___ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

235

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ills.

PARENTS

10. NAME OF FATHER: Daniel J Fleming

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Ills.

12. MAIDEN NAME OF MOTHER: Mary Broderick

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Ills.

14. INFORMANT: Nonie Fleming
(Address) 5537 Pershing

15. FILED 2/12, 1929 C. L. Jensen, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR): 2-10 1929

17. I HEREBY CERTIFY, That I attended deceased from Feb 9, 1929 to Feb 10, 1929 that I last saw her alive on Feb 10, 1929, and that death occurred, on the date stated above, at 3 15 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

141
11 B Influenza
143 B

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Pregnancy — miscarriage

(duration) yrs. 5 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) R A Kinsella, M. D

7/11, 1929 (Address) Beaumont 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: Calvary — DATE OF BURIAL: 2-13 1929

20. UNDERTAKER: Arthur J Donnelly — ADDRESS: 2039 Wash St

Dr Kinsella

3720 West 380 p