

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

Do not use this space.

10528

**1. PLACE OF DEATH**

County St. Louis  
Township St. Louis  
City St. Louis (No. St. Louis Hosp)

Registration District No. 791  
Primary Registration District No. 1008

File No. \_\_\_\_\_  
Registered No. 2516  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Walter E. Newton  
(a) Residence. No. Green Bay wis St. 12 Ward. Green Bay Wis  
(Usual place of abode) (If nonresident, give city of 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 <u>Male</u>		4. COLOR OR RACE <u>White</u>		5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mary L. Newton</u>					
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Jan 29 1886</u>					
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.	
	<u>44</u>	<u>10</u>	<u>12</u>		
8. OCCUPATION OF DECEASED					
(a) Trade, profession, or particular kind of work <u>Auto Agent</u>					
(b) General nature of industry, business, or establishment in which employed (or employer) <u>Brooklyn</u>					
(c) Name of employer <u>Egonie Service Inc</u>					
9. BIRTHPLACE (CITY OR TOWN) <u>Woodbridge</u> (STATE OR COUNTRY) <u>Pa</u>					
PARENTS	10. NAME OF FATHER <u>Walter E. Newton</u>				
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>California</u> (STATE OR COUNTRY)				
	12. MAIDEN NAME OF MOTHER <u>Katherine Jahant</u>				
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>California</u> (STATE OR COUNTRY)				

**2 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 11 1930  
17. I HEREBY CERTIFY, That I attended deceased from Jan 25, 1930, to Feb 11, 1930, that I last saw him alive on March 11, 1930, and that death occurred, on the date stated above, at 1:30 P. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

126 ball stone disease  
126  
CONTRIBUTORY (SECONDARY) 126  
(duration) 1 yrs.  mos.  ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH Wisconsin  
1 DID AN OPERATION PRECEDE DEATH? Yes DATE OF March 11 1930  
WAS THERE AN AUTOPSY? Yes  
WHAT TEST CONFIRMED DIAGNOSIS Operation & Autopsy  
(Signed) Rolland Hill, M. D.  
March 12 1930 (Address) Lister Place

\*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 <u>Missouri Crematory</u>	DATE OF BURIAL <u>Mar 12 1930</u>
20. UNDERTAKER <u>Wagoner</u>	ADDRESS <u>3621 Olive</u>

14. INFORMANT Mary E. Newton  
(Address) 110 So. Bell and Ave. Green Bay Wis  
15. FILED 16, 1930 Max C. Stanley  
REGISTRAR

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.

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

17  
2  
29

