

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

Do not use this space.

20587

1. PLACE OF DEATH

92 County St Charles Registration District No. 757
Township 7 Primary Registration District No. 5998
City St Charles (No.) St. Ward)

2. FULL NAME

Mable Newhoff
(a) Residence, No. 44 1/2 W. 59th St. Ward. St. Louis 110
(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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Henry Newhoff
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 22-1896
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 36 0 27

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 19, 1932
22. I HEREBY CERTIFY That I attended-deceased-from Fred 19 June 19, 1932
I last saw alive on June 20, 1932 Death is said to have occurred on the date stated above, at 9 am.
The principal cause of death and related causes of importance were as follows:
Auto accident
she came to her death due to the

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235
10. Date deceased last worked at this occupation (month and year) 1/10 11. Total time (years) spent in this occupation 10

Carlen & Winkler drug of Mrs. St. Charles 94110 Rural Place St. Louis had while driving home on U.S. H. W. 142 40
from 1/2 to one mile & a half west of
St. Charles, Mo.
Other contributory causes of importance allegedly to
pass a truck & striking the hood of
the vehicle in which he had himself
leaving it on & causing her injury
which caused her death

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Charles MO
13. NAME Sam Willis
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lincoln County Mo
15. MAIDEN NAME Fannie Baidine
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Warren County Mo

Name of operation Auto Date of June 18
What test confirmed diagnosis? 19 1/2 Was there an autopsy? 2 1/8
23. If death was due to external causes (violence) in also the following:
Accident, suicide, or homicide? Accident 5 6/18, 1932
Where did injury occur? 1/2 mile west of
St. Charles (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT Henry Newhoff
(ADDRESS) 44 1/2 W. 59th St. St. Louis 110
18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Grove Cem. DATE June 22, 1932

Manner of injury Auto Injury
Nature of injury Fractured ribs during

19. UNDERTAKER H. S. Accomey & Sons Co.
(ADDRESS) 510 N. 2nd St. St. Charles Mo
20. FILED 6/21 1932 St. Charles
S. Blackburn
Registrar

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify Fractured ribs during
(Signed) F. B. Breding Crown, M. D.
(Address) St. Charles Mo.

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.

27 1932

WHILE ON RECORDING TAP—THIS IS A PERMANENT RECORD

