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.

...OURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

41221

9

1. PLACE OF DEATH
County St. Louis — Registration District No. 284 — File No.
Township St. Ferdinand — Primary Registration District No. 6030 — Registered No. 10
City Robertson, Mo (No. ..... St. ..... Ward)

2. FULL NAME Emanuel Newman
(a) Residence. No. Orthodox Old Folks Home Ward.
(Usual place of abode) St. Louis (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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Widower

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) ~~81~~ 3-22-1852

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
81	8	30	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Salesman
(b) General nature of industry, business, or establishment in which employed (or employer) Retired 40 yrs
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) England.
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER Levi Newman
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Ann Abram
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

14. INFORMANT Mrs Lizzie Newman
(Address) 2014 Washington

15. FILED Dec 22 1933 W. A. Zeitler REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) December 21 1933

17. I HEREBY CERTIFY, That I attended deceased from August 16, 1929, to December 21, 1933 that I last saw him alive on December 21, 1933, and that death occurred, on the date stated above, at 7:45 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lobar pneumonia
108
97
102 (duration) ..... yrs. ..... mos. 11 ds.

CONTRIBUTORY (SECONDARY) Generalized arteriosclerosis, hypertension (duration) 15 yrs. ..... mos. ..... ds.

108

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? ..... DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Selig Simon per S. Katz, M. D.
12-21, 1933 (Address) Jewish Sanat. Robertson, Mo

*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
Mt Sinai	12-22 1933
20. UNDERTAKER	ADDRESS
[illegible]	4356 Lindell