

JAN 14 1935

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

Do not use this space.

44611

1. PLACE OF DEATH

County St. Louis Registration District No. 130
Township St. Louis Primary Registration District No. 130
City St. Louis (No. City 130/1) St. 130 Ward 5

File No. _____
Registered No. 11719

2. FULL NAME

(a) Residence, No. 5192 Cabernone St. (If nonresident, give city or town and State)
(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. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Eden Newman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 7-1861

7. AGE YEARS 73 MONTHS 5 DAYS 12 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo

13. NAME Paul Newman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) Wm J. Key

18. BURIAL, CREMATION, OR REMOVAL PLACE Lawson DATE Dec 12 1934

19. UNDERTAKER (ADDRESS) Arthur J. Donnelly 2060

20. FILED 11 1934 REGISTRAR J. F. Bredek

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/9 1934

22. I HEREBY CERTIFY, That I attended deceased from 9/11 1934, to 12/9 1934

I last saw him alive on 12/9 1934 Death is said to have occurred on the date stated above, at 11:30 am.

The principal cause of death and related causes of importance were as follows:

137
Fracture of peroneal bone
Cellulitis of foot
gangrene of st. leg caused by cellulitis
Date of onset 9/11/34

Other contributory causes of importance: Cause of cellulitis unknown

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____ (Signed) J. F. Bredek, M. D.
(Address) City 130/1

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.

