JUL 14 1936

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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 21496

Township ..... Primary Registration District No. 1003 Registered No. 5738

City St Louis (No. Bethesda Hospital St. ..... Ward)

2. FULL NAME Louise Newmann

(a) Residence, No. 6614 Pennsylvania Ave. St., 1 Ward. (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: 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: William

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): January 13 1862

7. AGE: YEARS 74 MONTHS 4 DAYS 16 If LESS than 1 day, ... hrs. or ..... min.

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

FATHER
13. NAME: Unavailable
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER
15. MAIDEN NAME: Unavailable
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): William Newman 6614 Pennsylvania Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St Mathews Cem DATE 6-2- 1936

19. UNDERTAKER (ADDRESS): C. Hoffmeister U-L Co. 7814 So. Broadway

20. FILED JUN 1 1936 J. F. Biedeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 30, 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 1936, to May 30, 1936.
I last saw him/her alive on May 30, 1936. Death is said to have occurred on the date stated above, at 5.45 A m.
The principal cause of death and related causes of importance were as follows:

Hypertensive Cardiac Valv. Disease
Hepatic Cerosis

Date of onset

Other contributory causes of importance:
Ascitic - following above

Name of operation No Date of .....
What test confirmed diagnosis? Symptomatic 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? No
If so, specify .....
(Signed) J. W. Barker, M. D.
(Address) 6632 Mich ave St Louis Mo

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

MARGIN RESERVED FOR BINDING

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.

V. S. NO. 2 00M-1-20-36 I X7044

Dr Barker.