MAY 7 1937

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. 14313

Township ..... Primary Registration District No. 1003 Registered No. 3809

City St. Louis Mo. (No. St. Johns Hosp. 1 St. ..... Ward)

2. FULL NAME George B. Newbery 2

(a) Residence, No. 527 Rodeo Drive St., NR Ward. Beverly Hills Cal f
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
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 Rose Newbery

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-1-1862

7. AGE: YEARS 75 MONTHS 3 DAYS 7 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ret. Suits & Coats

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 20

10. Date deceased last worked at this occupation (month and year) 1922

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bellville Ont ario Canada

FATHER

13. NAME Robert Newbery

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

MOTHER

15. MAIDEN NAME Esther E. Benjamine

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

17. INFORMANT (ADDRESS) George St. Streiff 5957 Cates Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Valhalla Crematory DATE 4-10-1937

19. UNDERTAKER (ADDRESS) Alexander & Sons 6175 Delmar Blvd.

20. FILED APR 9 1937 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-8-1937, 19

22. I HEREBY CERTIFY, That I attended deceased from Oct 28 1936 to April 8, 1937

I last saw him alive on April 8, 1937 Death is said to have occurred on the date stated above, at 7-P.M.

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

Coronary Thrombosis acute — Date of onset Apr. 7, 37

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Other contributory causes of importance:

Diabetes mellitus

Name of operation none 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) Clayson Carroll M. D.

(Address) 609 Humboldt Blvd.

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

Either Dr.Lewis or Carroll

Humboldt Bldg.

Newstead 0202