

REC'D MAY 10 1938

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

13306
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
(b) Township..... Primary Registration District No. **1003**
(c) City **St. Louis** (d) Street No. **City Hospital No. 1** St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Baby Newbern / 6 5"
2846 South 18th St. **24** (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|---|---|--|
| 3. SEX und | 4. COLOR OR RACE white | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 18, 1938 | | |
| 7. AGE stillborn | YEARS MONTHS DAYS | If LESS than 1 day, hrs. or min. |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. | |
| | 9. Industry or business in which work was done, as saw mill, bank, etc. | nil |
| | 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, Missouri | | |
| FATHER | 13. NAME Joseph Newbern | |
| | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Memphis Tennessee | |
| MOTHER | 15. MAIDEN NAME Lulu Collins | |
| | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carnerville, Illinois | |
| 17. INFORMANT Hosp. Info M. Kent (ADDRESS) | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE City Cemetery GATE 4-28-38 | | |
| 19. FUNERAL DIRECTOR (NAME) Frank Frazier (ADDRESS) City Hospital | | |
| 20. FILE APR 27 1938 J. H. Budick Medical Registrar | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/18/38 19

22. I HEREBY CERTIFY, That I attended deceased from
4/18/38 19 to 4/18/38
I last saw him alive on 4/18/38 Death is said
to have occurred on the date stated above, at 2.10 p
The principal cause of death and related causes of importance were as follows:
Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

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. S. Leubman, M. D.
(Address) City Hospital No. 1

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.