JUN 17 1938 REC'D JUL 7 1938

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

22963
Do not use this space.

1. PLACE OF DEATH
(a) County St. Louis — Registration District No. 784
(b) Township ~~Bonhomme~~ — Primary Registration District No. 117 — Registered No. 1041
(c) City Webster Groves, Mo. (d) Street No. ..... 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 Mr. Warren Newton 350
(a) Residence, No. 3716 S. Compton St. ..... (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mrs. Virginia Newton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): November 13, 1912

7. AGE: YEARS 25 — MONTHS 7 — DAYS 4 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Meat Cutter
9. Industry or business in which work was done, as saw mill, bank, etc.: Meat Market
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): West Plains, Missouri

FATHER
13. NAME: George Newton
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis, Mo.

MOTHER
15. MAIDEN NAME: Ruth Critzer
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis Mo.

17. INFORMANT (ADDRESS): Mrs. Virginia Newton 3716 S Compton

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sunset Burial Park DATE June 20, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Beiderwieden F. H. Inc. 1936 St. Louis Avenue

20. FILED JUN 17 1938 T. R. Meyer M.D. D.P.H. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 17, 1938

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at about 1AM
The principal cause of death and related causes of importance were as follows:

	Date of onset
Suicide by carbon monoxide from automobile exhaust.	6/17/3

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Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis physical signs Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide suicide Date of injury 6.17/38
Where did injury occur? Sappimgton, Mo. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Public place
Manner of injury Suicide by auto gas
Nature of injury asphyxiation

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) John O. Connell M.D., M. D.
(Address) Coroner pf St. Louis County, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

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.

50M-1-2-38 1 X14028

S.v. John C'Connell
10300 Lackland Rd
Overland, Mo.

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 Theo A Bidmeyer

Licensed Embalmer No. 506

P. O. Address 1936 St Louis Ave.

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.