

DEC 12 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH 791

37589
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. 1008
 (b) Township Primary Registration District No. Registered No. 9916
 (c) City (d) Street No. St. John's Hosp. 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

Catherine Newnhaus

(a) Residence, No. 4240 Red Bud Ave. St. 10
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 Herman Newnhaus

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 25, 1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
71 0 20

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home
 9. Industry or business in which work was done, as 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. 0

FATHER 13. NAME Theodore Twillmeier,
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 6

MOTHER 15. MAIDEN NAME Unknown
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri 0

17. INFORMANT Theodore Newnhaus
 (ADDRESS) 4240 Red Bud Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE Nov. 18, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. A. Stock Und. Co.
2117 E. Grand Blvd.

20. FILED NOV 17 1938
J. Bredeck
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 15, 1938

22. I HEREBY CERTIFY, That I attended deceased from 11/14/38, 1938, to 11/15/38, 1938.
 I last saw him alive on 11/15/38, 1938. Death is said to have occurred on the date stated above, at 3 P. m.

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

Chronic myocarditis
Asymptomatic
 Other contributory causes of importance:
Asymptomatic

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? No
 If so, specify C. N. Hartsorn
 (Signed) H. B. Bely, M. D.
 (Address) St. Louis

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

W. C. Johnson

Member

Left case

1-4

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.....

Frank A. Moore

Licensed Embalmer No. *3041*

P. O. Address *2117 E. 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.