

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

23159  
Do not use this space.

1. PLACE OF DEATH  
 (a) County St. Louis Registration District No. 784  
 (b) Township Ballwin Primary Registration District No. 300  
 (c) City Ballwin or (d) Street No. PINE CREST HOME Registered No. 1012  
 (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. da. (f) How long in U.S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME ANDREW JACKSON NEWELL  
 (a) Residence, No. 3824 PENNSYLVANIA AVE St. ST. LOUIS, MO.  
 (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 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 CLARA  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-9-64  
 7. AGE YEARS 75 MONTHS 4 DAYS 24 If LESS than 1 day, hrs. or min.  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. CARPENTER on odd jobs himself  
 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) JAN 1937 11. Total time (years) spent in this occupation 25 yrs

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 3, 1939  
 22. I HEREBY CERTIFY, That I attended deceased from March 26, 1939 to June 3, 1939  
 I last saw him alive on June 2, 1939. Death is said to have occurred on the date stated above, at S.P. m.  
 The principal cause of death and related causes of importance were as follows:  
Broncho-pneumonia-hypostatic  
Chronic myocarditis  
 Date of onset Jan 1, 1939  
 Other contributory causes of importance:  
Hemiplegia - cerebral hemorrhage 1938

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UN KNOWN  
 13. NAME WILLIAM NEWELL  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UN KNOWN  
 15. MAIDEN NAME UN KNOWN  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UN KNOWN  
 17. INFORMANT (ADDRESS) MRS. MYRTLE SCHWARTZ  
3824 PENNSYLVANIA AVE  
 18. BURIAL, CREMATION, OR REMOVAL ST. LOUIS, MO.  
 PLACE Union MO. DATE JUNE 7, 1939  
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) W.M. H. HORV  
Union  
 20. FILED JUN 5 - 1939  
R. Meyer  
 Local Registrar

Name of operation none Date of  
 What test confirmed diagnosis? Physical 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  
 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 home  
 Nature of injury  
 24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify  
 (Signed) B. R. Loring, M. D.  
Ballwin, Mo.  
 (Address)

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.

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**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. 3175

P. O. Address Union, Mo

**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.**