JUL 18 1939

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 23225

REC'D JUL 24 1939

Registration District No. 184

Primary Registration District No. 200

Registrar's No. 1294

1. PLACE OF DEATH:

(a) County Saint Louis Co. Mo.

(b) City or town Lemdy
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Mount St. Rose Hospital. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether
In this community ____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County ____

(c) City or town Walnut Park 1
(If outside city or town limits, write "RURAL")

(d) Street No. 5074 Thrush Ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME 550 Jacob L. Newman

3. (b) If veteran, name war ____

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Marie A.

6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased December (Month) 3 (Day) 1890. (Year)

8. AGE: Years 48 Months 7 Days 12 If less than one day ____ hr. ____ min.

9. Birthplace St. Louis, (City, town, or county) Mo. (State or foreign country)

10. Usual occupation P. O. Clerk 0

11. Industry or business U. S. Government

FATHER
12. Name Alferd Newman 6
13. Birthplace Unknown (City, town, or county) Germany (State or foreign country) 1

MOTHER
14. Maiden name Ktie Knobe
15. Birthplace Unknown (City, town, or county) Germany (State or foreign country)

16. (a) Informant's own signature X Marie A. Newman
(b) Address 5074 Thrush Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 19th 1939. (Month) (Day) (Year)
(c) Place: burial or cremation New St. Marcus Cemetery.

18. (a) Signature of funeral director Ziegenbein Bros
(b) Address 2623 Cherokee Street

19. (a) JUL 18 1939 (Date received local registrar) (b) G. R. Meyer M.D. D.H. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 15 year 1939 hour 8 00 minute 30 am M.

21. I hereby certify that I attended the deceased from July 1st, 1939, to July 15, 1939; that I last saw him alive on July 15, 1939; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: For advanced bilateral pulmonary tuberculosis	
Due to ____	
Due to ____	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations ____	
Of autopsy Bilateral involvement pulm tbc c̄ cavitation cn	

PHYSICIAN — Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) ____
(b) Date of occurrence ____
(c) Where did injury occur? ____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? ____ (Specify type of place)
(e) While at work? ____ (e) Means of injury ____

23. Signature B. C. Bauman (M. D. or other)
Address Mt St Rose Sanitarium Date signed 7-15-39

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

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 V E Morris

Licensed Embalmer No. #3360

P. O. Address St Louis, M

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.