

30519

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 1008

Primary Registration District No. \_\_\_\_\_

Registrar's No. 7582

## 1. PLACE OF DEATH:

- (a) County 2  
 (b) City or town St. Louis Mo.  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
1912 Cass Ave.  
 (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)

3. (a) PRINT  
FULL NAMEAnnie Newcomb 2513. (b) If veteran,  
name war \_\_\_\_\_3. (c) Social Security  
No. None4. Sex Female5. Color or  
race White6. (a) Single, widowed, married,  
divorced Married6. (b) Name of husband or wife  
Charles Newcomb6. (c) Age of husband or wife if  
alive 66 years7. Birth date of deceased August 23 1879  
(Month) (Day) (Year)

## 8. AGE:

Years  
60Months  
0Days  
6

If less than one day

hr. \_\_\_\_\_ min.

9. Birthplace Kentucky  
(City, town, or county) (State or foreign country)10. Usual occupation Housewife

## 11. Industry or business \_\_\_\_\_

12. Name Unk Hall13. Birthplace Unk  
(City, town, or county) (State or foreign country)14. Maiden name Unk15. Birthplace Unk  
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Charles Newcomb(b) Address 1912 Cass Ave17. (a) Burial (b) Date thereof Sept. 1, 39  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation St. Matthews Cem.18. (a) Signature of funeral director E. J. Schmier(b) Address 3126 Lafayette Ave.19. (a) SEP 1 1939  
(Date received local registrar)(b) J. T. Buehler  
(Signature of Registrar)

## 2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County 1  
 (c) City or town St. Louis 21  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 1912 Cass Ave.  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 29th  
year 1939 hour 6:31 minute \_\_\_\_\_ P. \_\_\_\_\_ M.21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw h \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

## Immediate cause of death

Coronary Occlusion;  
Arterio Sclerosis;

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions  
(Include pregnancy within 3 months of death)Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration

PHYSICIAN

Underline  
the cause to  
which death  
should be  
charged sta-  
tistically.

## 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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
Means of injury \_\_\_\_\_23. Signature Edgar J. Perry (M. D. or other) \_\_\_\_\_Address 1912 Cass Ave Date signed 9-31-39

(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.....

*jos B. Vollmer*

Licensed Embalmer No. 4014

P. O. Address. 3125 Lafayette

**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.**