

Registration District No. **791**

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH: **1005** **WED FEB 17 1940**

(a) County _____
(b) City or town **St Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4659 - Delmar 3
(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 **Mo** (b) County _____
(c) City or town **St Louis Rural NR**
(If outside city or town limits, write "RURAL")
(d) Street No. **New Florence Mo**
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan** day **22**
year **1940** hour **1** minute **0** M.
21. I hereby certify that I attended the deceased from **Oct 15th** 19**33** to **Jan 22** 19**40**
that I last saw him alive on **Jan 22** 19**40**
and that death occurred on the date and hour stated above.
Immediate cause of death: **Myocardium**

Due to **Bright's disease**
Due to **Bronchial Asthma**
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 statistically.

8. (a) PRINT FULL NAME **Julius C Newman**
(b) If veteran, name war _____ (c) Social Security No. _____

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Fannie** 6. (c) Age of husband or wife if alive **70** years
7. Birth date of deceased **Mar 4 1867**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
72 10 18 hr. min.

9. Birthplace **Ill**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business _____

MOTHER FATHER { 12. Name **August Newman**
13. Birthplace **Germany**
(City, town, or county) (State or foreign country)
14. Maiden name **Black**
15. Birthplace **Ill**
(City, town, or county) (State or foreign country)

16. (a) Informant **Fannie Newman**
(b) Address **1147 Euclid (north)**

17. (a) **BURIAL** (b) Date thereof **1-24-40**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **MT. LEBANON, CEM.**

18. (a) Signature of funeral director **Fred M. Williams**
(b) Address **4535 Washington**

19. (a) **JAN 23 1940**
(Date received local registrar) **J. P. ...**

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) _____
While at work? _____ (e) Means of injury _____
23. Signature **Dr. E. C. Smither** (M. D. or other) _____
Address **4659 Delmar** Date signed **1-22-40**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Very light 2031

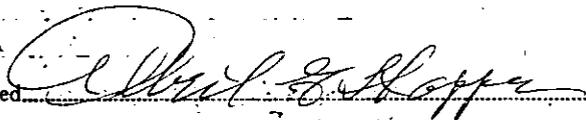
STATEMENT BY LICENSED EMBALMER

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.

2991

P. O. Address.....

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.