

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

Registration District No. 784 Primary Registration District No. 106

PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Kirkwood, Mo.  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 25 YRS years, months or days

3. (a) PRINT FULL NAME Benjamin Oliver Newell  
8. (b) If veteran, name war Spanish-American 8. (c) Social Security No. Nil

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Fanny R. Newell 6. (c) Age of husband or wife if alive 69 years  
7. Birth date of deceased Jan. 16 1866  
(Month) (Day) (Year)

8. AGE: Years 74 Months 10 Days 15 If less than one day  
hr. \_\_\_\_\_ min.

9. Birthplace Beaver Dam, Wisconsin  
(City, town, or county) (State or foreign country)

10. Usual occupation Salesman RETIRED 1935

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

MOTHER FATHER  
12. Name Benj. Newell  
13. Birthplace Green Bush, New York  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary E. Barrett  
15. Birthplace Kingsville, Ohio  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Fanny R. Newell  
(b) Address 421 North Kirkwood Rd.

17. (a) Burial (b) Date thereof Dec. 2 40  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Jackson, Michigan

18. (a) Signature of funeral director MITTELBERG FUN HOME  
(b) Address Whester Groves, Mo.  
19. (a) DEC. 2 1940 (b) DR. M. W. ...  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County St. Louis  
(c) City or town Kirkwood  
(If outside city or town limits, write "RURAL")  
(d) Street No. 421 North Kirkwood Rd.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 1 year 1940 hour 1 minute 40 A. M.  
21. I hereby certify that I attended the deceased from June 4 1940 to Dec 1 1940;  
that I last saw him alive on November 30 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Cardiac dilatation Duration 1 Day  
Due to Chronic nephritis 6 Mo  
Due to Chronic myocarditis Syro.

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations 131  
Of autopsy \_\_\_\_\_  
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? \_\_\_\_\_  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature M. W. ... (M. D. certifier)  
Address 209 S. Kirkwood Rd. Date signed 12/1/40

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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..... *Guy W Wilkinor*  
Licensed Embalmer No..... *2575*  
P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**