

STANDARD CERTIFICATE OF DEATH

Registration District No. 791 Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(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: BARNES HOSPITAL (1)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 DAYS
(Specify whether
In this community 60 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County _____
(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")
(d) Street No. 5209 MAFFITT AVE
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME KATHERINE NEWMAN

3. (b) If veteran, name war NONE 3. (c) Social Security No. NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 29
year 1941 hour 2 minute 10 P. M.

21. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____;
that I last saw him _____ alive on _____, 19____
and that death occurred on the date and hour stated above.

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife HENRY NEWMAN 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Nov. - 22 - 1863
(Month) (Day) (Year)

Immediate cause of death _____ Duration _____

Atherosclerosis. Fatty Infiltration of Myocardium. Corrigate Myocardial. Whether induced by a fall she sustained at 7th Street entrance about 5/20/41

8. AGE: Years 77 Months 6 Days 7 If less than one day hr. _____ min. _____

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

10. Usual occupation HOUSEWORK

11. Industry or business HOME

12. Name FRANK NUFER

13. Birthplace GERMANY
(City, town, or county) (State or foreign country)

14. Maiden name SUSANA KLATZ

15. Birthplace GERMANY
(City, town, or county) (State or foreign country)

16. (a) Informant Dorthea Dieln

(b) Address 5209 Maffitt Ave

17. (a) BURIAL (b) Date thereof 5-31-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY

18. (a) Signature of funeral director Byler & Kelly

(b) Address 1416 N. Taylor Ave

19. (a) MAY 30 1941 (b) J. J. Budnik
(Date certified local registrar) (Registrar's signature)

Other conditions _____
(Include pregnancy within 3 months of death)

Or a Result of Natural Causes

Of autopsy 93d
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) Open Verdict

(b) Date of occurrence 5/22/41

(c) Where did injury occur? St Louis MO
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Place
(Specify type of place)

While at work? _____ (a) Means of injury _____

23. Signature Thomas J. Callahan D. or other

Address Deputy Coroner Date signed _____

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 Clement McNearf
Licensed Embalmer No. 3732
P. O. Address St. Louis

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, fact should be so stated above.