

FILED APR 8 1943

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 2481

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:
1308 N. 10th St.
(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 St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1308 N. 10th St.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Charles Mack Newton

3. (b) If veteran, name war No 3. (c) Social Security No. Link

4. Sex male 5. Color or race negro 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Laverne Newton 6. (c) Age of husband or wife if alive 28 years
7. Birth date of deceased May 24 1899
(Month) (Day) (Year)

8. AGE: Years 42 Months 10 Days 10 If less than one day _____ hr. _____ min.

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

10. Usual occupation maintenence man

11. Industry or business _____

12. Name John Newton
13. Birthplace Link Miss.
(City, town, or county) (State or foreign country)
14. Maiden name Maggie
15. Birthplace Link Miss
(City, town, or county) (State or foreign country)

16. (a) Informant Laverne Newton
(b) Address 1308 N. 10th St.

17. (a) Burial (b) Date thereof May 19 1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director English Vnd. Co
(b) Address 2931 Locust Ave

19. (a) MAR 19 1943 (b) J. F. Bredek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 14
year 1942 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from March 9th 1942 to March 14th 1942
that I last saw him live on March 14th 1942
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to acute myocarditis
et. rheumatism

Due to _____

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

Major findings: _____
Of operations _____

Of autopsy _____

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 [Signature] (M. D. or other) _____
Address 823 N. 16th St Date signed 3/17/42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 *Burleson English*.....

Licensed Embalmer No. *4208*.....

P. O. Address *2931 Lucas, ave.*.....

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.