

S. No. 2
1-4-41
5-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

16496

State File No. _____

FILED JUN 2 1942

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 4504

1. PLACE OF DEATH

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Mary's Infirmary
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 23 yrs 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. 2736 Dayton St. (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ALICE NEWMAN

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

4. Sex F 5. Color or race CR. 6. (a) Single, widowed, married, divorced, Married
6. (b) Name of husband or wife ALFRED NEWMAN 6. (c) Age of husband or wife alive 60 years
7. Birth date of deceased MO. 3 1893
(Month) (Day) (Year)

8. AGE: Years 48 Months 6 Days 30 If less than one day
 hr. min.

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

10. Usual occupation Home wife

11. Industry or business _____

MOTHER { 12. Name John Cannon
13. Birthplace Westville Tenn (City, town, or county) (State or foreign country)
14. Maiden name Henrietta Walden
15. Birthplace Washington Co. Ark. (City, town, or county) (State or foreign country)

16. (a) Informant Mr. Fannie Russell
(b) Address 2736 Dayton St.
17. (a) Burial (b) Date thereof May 25 1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park
18. (a) Signature of funeral director J. G. Green
(b) Address 2915 Franklin Ave
19. (a) MAY 24 1942 (b) J. F. Brunick
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 22 year 1942 hour 5 minute 30 A. M.

21. I hereby certify that I attended the deceased from May 20 1942 to May 27 1942;
that I last saw h. _____ alive on _____ 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Diabetic Coma
Due to Diabetes Mellitus

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

Major findings: Of operations _____
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 D
23. Signature W. L. Brown (M. D. or other)
Address 2316 Market Date signed _____

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

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

J. A. Egan

Licensed Embalmer No. *2963*

P. O. Address. *7915 Franklin 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.