U. S. No. 2
M—9-4-41
Rev. 5-17-39
X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19864

FILED JUL 20 1942

Registration District No. 791 — Primary Registration District No. 1003 — Registrar's No. 5941

000 17 9

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: St. Anthony's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8-wks. (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Mo. (b) County 17
(c) City or town St. Louis 916
(If outside city or town limits, write "RURAL")
(d) Street No. 3921 Alberta Ave.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Julia Newell

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex F. 1

5. Color or race W.

6. (a) Single, widowed, married, divorced W.

6. (b) Name of husband or wife Edw. F. Newell

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Dec. 1st., 1873 (Month) (Day) (Year)

8. AGE: Years 68 | Months 7 | Days 12 | If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name Thomas Hare
13. Birthplace Va. 1 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Margaret Kearns
15. Birthplace Unk. 9 (City, town, or county) (State or foreign country)

16. (a) Informant Mr. Richard Newell
(b) Address 3921 Alberta Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-15-1942 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Kindell Blvd.

19. (a) JUL 13 1942 (Date received local registrar) J. F. Bredeck (Registrar's signature)

844 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 13th., year 1942 hour 5 minute a. M.

21. I hereby certify that I attended the deceased from Feb 2-42, 19, to July 13, 1942, 19, that I last saw alive on July 12, 1942, 19, and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Thrombosis — Duration 4 3 days

Due to: Arteriosclerosis

Due to:

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

Major findings:
Of operations:
Of autopsy: Cerebral Thrombosis; Infarct Rt. Side Brain; Arteriosclerosis; Senile

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Robert L. Wagner (M. D. or other)
Address N. 15th & Chestnut Sts. Date signed July 13-42
Arkansas

Dr. Robert Warner
Paul Brown Bldg. 10-3

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 W H Van Matre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

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.