S. No. 2
—11-10-39
v. 5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 29 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 19866

Registration District No. 791 Primary Registration District No. 1003

Registrar's No. 5252

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Mo. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Homer Phillips Hospital O (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days (Specify whether years, months or days)

In this community 47 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 11 000 17 9

(c) City or town St. Louis, (If outside city or town limits, write "RURAL")

(d) Street No. 4238 E. Cook (If rural, give location)

(e) If foreign born, how long in U. S. A.? O years.

3. (a) PRINT FULL NAME Allen Newton

3. (b) If veteran, name war —

3. (c) Social Security No. None

4. Sex Male

5. Color or race Col.

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

6. (b) Name of husband or wife Etta Newton

6. (c) Age of ~~husband~~ or wife if alive 63 years

7. Birth date of deceased About 1866 (Month) (Day) (Year)

8. AGE: Years About 76 | Months — | Days — | If less than one day hr. min.

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

10. Usual occupation Pullman Porter

11. Industry or business (Retired)

FATHER 12. Name French Newton

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

MOTHER 14. Maiden name Unknown

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

16. (a) Informant Mrs. Etta Newton

(b) Address 4038 E Cook Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-19-42 (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director H. C. Gordon

(b) Address 2649 Delmar Blvd.

19. (a) JUN 19 1942 (Date received local registrar) J. F. Bruecken (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 16, year 1942 hour 11 minute 00 A. M.

21. I hereby certify that I attended the deceased from June 13, 1942, to June 16, 1942; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Hypertensive Heart Disease	Unk.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature S. C. Smith (M. D. ~~or other~~)

Address 2601 Whittier Date signed 6-16-43

(Licensed Embalmer's Statement on Reverse Side)

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 Myself, Registered Apprentice No. _____, working under my personal supervision.

Signed Wm Claude Gordon

Licensed Embalmer No. 3489

P. O. Address 2649 Delmar

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, above space should be left blank.