

No. 2  
4-13-40  
5-17-39  
PI X23159

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 19867  
5243  
Registrar's No.

Registration District No. 791

Primary Registration District No. 1003

10  
17  
9

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:  
Bethesda Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 10 weeks - 1 day  
(Specify whether)  
In this community life  
years, months or days

3. (a) PRINT FULL NAME IRENE BETTY NEWTON

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

4. Sex F / 5. Color or race W 6. (a) Single, widowed, married, divorced SINGLE

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased April 1932  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>10</u>	<u>2</u>	<u>6</u>	hr. _____ min.

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

10. Usual occupation STUDENT

11. Industry or business PUBLIC SCHOOL

12. Name Richard Newton

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

14. Maiden name Irene Clamais

15. Birthplace ST. LOUIS COUNTY MO.  
(City, town, or county) (State or foreign country)

16. (a) Informant Irene Newton  
(b) Address 6977 Oleatha

17. (a) BURIAL (b) Date thereof JUNE 19-1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ST. PAUL CEM. DES PERES MO.

18. (a) Signature of funeral director Schubert Funeral Home  
(b) Address Bellwin Missouri

19. (a) JUN 17 1942 (b) J. F. Bedeak  
(Date received local registrar) (Registrar's signature)

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. 6977 Oleatha  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 16  
year 1942 hour 5 minute 30 P M.

21. I hereby certify that I attended the deceased from April  
6th 1942 to June 16 1942  
that I last saw her alive on June 16 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Broncho Pneumonia  
and Malnutrition

Due to Megala Colon

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)  
10/1  
10/1

Major findings:  
Of operations Recession of ulcer  
Megala Colon  
Of autopsy \_\_\_\_\_

Duration

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? 0  
(Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature John W Stewart (M. D. or other)  
Address 12121 Bldg. St. Louis Date signed 6/17/42

844

(Licensed Embalmer's Statement on Reverse Side)

REVERSE SIDE WITH NAME

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**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.....

*John Ketter*

Licensed Embalmer No.....

*3880*

P. O. Address.....

*St. Louis Mo*

**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.**