

FILED SEP 4 1942

1003

Registration District No. 318

Registrar's No.

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

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 Peoples Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 14 Days  
(Specify whether years, months or days) 17 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 1117  
(d) Street No. 3437 Clark ave. (If rural, give location) ?  
(e) Citizen of foreign country? (Yes or No) 0  
If yes, name country

3. (a) PRINT FULL NAME Mable Newton

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

4. Sex Female 5. Color or race 3 negro 6. (a) Single, widowed, married, divorced 1 divorced married  
6. (b) Name of husband or wife William Newton 6. (c) Age of husband or wife if alive 32 years  
7. Birth date of deceased Mar 26 1909  
(Month) (Day) (Year)

8. AGE: Years 33 Months 4 Days 26 If less than one day hr. min.

9. Birthplace Baton Rouge La  
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business

12. Name George Garig

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

14. Maiden name Sallie Steward

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

16. (a) Informant William Newton

(b) Address 3437 Clark Ave

17. (a) Burial (b) Date thereof 8-24-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cemetery

18. (a) Signature of funeral director Atkins Bros. Embal. Co.

(b) Address 3644 E. Pine St.

19. (a) AUG 24 1942 (b) J. F. Wredeck  
(Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 21  
year 1942 hour 6:15 minute 11 M.

21. I hereby certify that I attended the deceased from 8/18/42 to 8/21/42  
that I last saw him alive on 8/21/42  
and that death occurred on the date and hour stated above.

Immediate cause of death

Carcinoma of Ovaries

Generalize of

Carcinoma of Ovary

Other conditions (Include pregnancy within 3 months of death)

Major findings:

Of operations Carcinoma

Of autopsy no

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) (c) Means of injury

23. Signature J. F. Wredeck (M. D. or other)

Address 3644 E. Pine St. Date signed 8/24/42

**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.....  
*Louis V. Atkins*

Licensed Embalmer No. *2847*

P. O. Address *3644 Finney Rd*

**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.**