V. S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 4 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 34857

Registration District No. 318 — Primary Registration District No. 100 — Registrar's No. 8834

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 1480 Belt Ave. 1 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis
(c) City or town (If outside city or town limits, write "RURAL")
(d) Street No. 1480 Belt (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country O

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3. (a) PRINT FULL NAME John J. Newcum
3. (b) If veteran, name war ✓
3. (c) Social Security No. 709-12-4083
4. Sex Male O
5. Color or race Wh
6. (a) Single, widowed, married, divorced Single O
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased August (Month) 6 (Day) 1877 (Year)

8. AGE: Years 65 | Months 2 | Days 17 | If less than one day hr. min.

9. Birthplace Mt. Vernon (City, town, or county) Illinois (State or foreign country)
10. Usual occupation Pullman Conductor
11. Industry or business Pullman Co.

FATHER
12. Name William H. Newcum
13. Birthplace Vincennes (City, town, or county) Indiana (State or foreign country)

MOTHER
14. Maiden name Mary Mahaney
15. Birthplace (City, town, or county) Ireland (State or foreign country)

16. (a) Informant William H. Newcum
(b) Address 1480 Belt Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-26-42 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cem.
18. (a) Signature of funeral director Chas. F. Stuart
(b) Address 1225 Union Blvd.
19. (a) OCT 24 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 23 year 1942 hour 11 minute A. M.
21. I hereby certify that I attended the deceased from 10/21 1942 to 10/23 1942; that I last saw him alive on 10/23/42 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Lobar pneumonia	4 days
Due to	
Due to	
Other conditions myocarditis (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 Thordon Greiny (M. D. or other)
Address 4500 Olive St Date signed 10/23/42

844 (Licensed Embalmer's Statement on Reverse Side)

NOV 5

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. G. Sullivan

Licensed Embalmer No. 1122

P. O. Address City

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.