

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 11 1942
318

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35743
State File No. _____
Registrar's No. **10093**

Registration District No. _____ Primary Registration District No. **1003**

1. PLACE OF DEATH:
(a) County _____
(b) City or town **St. Louis, Missouri**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **16 Days**
(Specify whether _____)
In this community _____
years, months or days)

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")
(d) Street No. **904 N Taylor** (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Harry Chalmers Newton**
(b) If veteran, name war **Unknown** (c) Social Security No. **Unknown**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **November** day **21**, year **1942** hour **5:35** minute **A.** M.
21. I hereby certify that I attended the deceased from **November 6**, 19 **42** to **November 21**, 19 **42**;
that I last saw him alive on **November 21**, 19 **42**
and that death occurred on the date and hour stated above.

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced, **Widower**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased _____ (Month) **12** (Day) **13** (Year) **1888**

Immediate cause of death **Pulmonary Tuberculosis**
Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

8. AGE: Years **56** Months **11** Days **8** If less than one day _____ hr. _____ min.

9. Birthplace **Iowa** (City, town, or county) _____ (State or foreign country) _____

10. Usual occupation **None**

11. Industry or business **---**

MOTHER FATHER
12. Name **Hiram Newton**
13. Birthplace **New York** (City, town, or county) _____ (State or foreign country) _____
14. Maiden name **Julia ???**
15. Birthplace **New York** (City, town, or county) _____ (State or foreign country) _____

16. (a) Informant **M. M. Burke**
(b) Address **1515 Lafayette**

17. (a) **Cremation** (b) Date thereof **12 4 42** (Month) (Day) (Year)
(c) Place: burial or cremation **City Crematory**

18. (a) Signature of funeral director **W. J. White**
(b) Address **City Hospital No. 1**

19. (a) **DEC 2 1942** (b) **J. F. Predeck** (Registrar's signature)

PHYSICIAN
Major findings: _____
Of operations: _____
Of autopsy **Not obtainable.**
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? _____
While at work? _____ (Specify type of place) _____ (e) Means of injury _____
23. Signature **Dwight Peterson** (M. D. or other) _____
Address **1515 Lafayette Avenue,** Date **11/21/42**

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

P

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.....

Licensed Embalmer No.....

P. O. Address.....

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.