

FILED FEB 1 1943 318

Registration District No. .... Primary Registration District No. 1003

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:  
Jewish Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 45 yrs  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 96  
(c) City or town University City 3  
(If outside city or town limits, write "RURAL") 5 NR  
(d) Street No. 6400 Cabanne  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME Libby Newman

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

4. Sex female 5. Color or race white  
6. (b) Name of husband or wife Meyer Newman  
6. (c) Age of husband or wife if alive (unk) years  
7. Birth date of deceased March 19, 1889  
(Month) (Day) (Year)

8. AGE: Years 53 Months 10 Days 1 If less than one day hr. min.

9. Birthplace Kaunas Lithuania  
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business

MOTHER FATHER  
12. Name Isaac Schwartz  
13. Birthplace Lithuania  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Gittel Greenfarb  
15. Birthplace Lithuania  
(City, town, or county) (State or foreign country)

16. (a) Informant Meyer Newman  
(b) Address 6400 Cabanne

17. (a) burial (b) Date thereof 1/21/43  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Beth Ham Hag

18. (a) Signature of funeral director Berger Memorial  
(b) Address 4715 McPherson

19. (a) JAF 2-10-43 (b) J. J. Bredesh  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 20  
year 1943 hour 7 minute 30 A.M.

21. I hereby certify that I attended the deceased from January 6, 1943 to January 20, 1943  
that I last saw her alive on January 19, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy - Right  
Internal cerebral hemorrhage Duration 2 wks.

Due to General art. sclerosis  
Chronic glomerular

Due to Nephritis - Cystic, non-  
jaundicing, left kidney - congested?  
Other conditions Coronary sclerosis  
(Include pregnancy within 3 months of death)

PHYSICIAN  
Major findings:  
Of operations  
Of autopsy as above

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 Jerome O. Cook (M. D. or other)  
Address 5-28 N. Grand Blvd Date signed 1/21/43

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

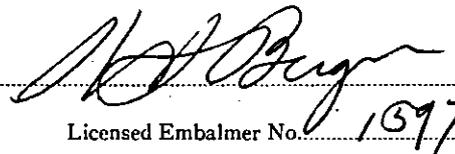
---

---

**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. 1597

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.**