

FILED JUN 19 1943
818

Registration District No. _____

Primary Registration District No. **1003**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County **St. Louis, Missouri**
(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: **Homer G. Phillips Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **15 days**
In this community **Life** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County _____
(c) City or town **St. Louis, Missouri**
(If outside city or town limits, write "RURAL")
(d) Street No. **1906a Carr**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Bobbie Jean Newburn

3. (b) If veteran, name war **none**

3. (c) Social Security No. **none**

4. Sex **Female** 5. Color or race **Negro**
6. (a) Single, widowed, married, divorced **0**
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **Feb. 28, 1942**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
1 3 15 hr. min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER
12. Name **Arthur Newburn**
13. Birthplace **A Jackson Tenn.**
(City, town, or county) (State or foreign country)
14. Maiden name **Florida Williams**
15. Birthplace **Greenwood Miss.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Florida Newburn**
(b) Address **1906 A. Carr St.**

17. (a) **Burial** (b) Date thereof **June 17, 1943**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Washington Park**

18. (a) Signature of funeral director **Dement & Son**
(b) Address **2629-31 Cole St.**

19. (a) **JUN 19 1943** (b) **J. F. Brebiak**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **12**, year **1943** hour **8** minute **30** A.M.

21. I hereby certify that I attended the deceased from **May 28, 1943** to **June 12, 1943**; that I last saw her alive on **June 12, 1943** and that death occurred on the date and hour stated above.

Immediate cause of death **Cardiac failure (etiology unknown)**
Severe Secondary Anemia

Due to **Possibly a congenital heart**

Other conditions (Include pregnancy within 3 months of death) **157**

Major findings: Of operations _____

Of autopsy _____

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 **E. L. Dickman** (M. D. or other) _____
Address **2001 Whittier** Date signed **6/14/43**

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

William Claude Gordon

Licensed Embalmer No.

3489

P. O. Address

4575 Aldine

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.