

S. No. 2
M-2-43
5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28193

State File No. _____

FILED JUL 24 1943 317

Registration District No. _____

Primary Registration District No. 3063

Registrar's No. 1674

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Clayton, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
6450 Cecil Ave
(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 Clayton
(If outside city or town limits, write "RURAL")
(d) Street No. 6450 Cecil
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Samuel E. Newman

3. (b) If veteran, name war _____

none

3. (c) Social Security No. none

4. Sex male

5. Color or race white

6. (a) Single, widowed, married. Divorced. Wid.

6. (b) Name of husband or wife Rose P. Newman

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased September 1 1878
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
64 10 17 hr. _____ min.

9. Birthplace Cincinnati Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Physician

11. Industry or business _____

MOTHER FATHER { 12. Name Eligah Newman

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

14. Maiden name Fredricka Grunauer

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

16. (a) Informant Eric Newman

(b) Address 6450 Cecil

17. (a) Burial (b) Date thereof July 18, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Sinai

18. (a) Signature of funeral director Marje

(b) Address 4356 Lindell

19. (a) 7-21-43 (b) E. J. McShane
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 17
year 1943 hour 7 minute a.m.

21. I hereby certify that I attended the deceased from July 15, 1943 to July 17, 1943
that I last saw him alive on July 15, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis
Myocardial Infarction

Due to act. Inf. Dis. IV

Due to _____

Other conditions (Include pregnancy within 3 months of death) 930

Major findings: Of operations _____
Of autopsy Coronary Thrombosis

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)

23. Signature Arthur E. Shaw (M. D. or other) M.D.
Address 559 N. Grand Date signed 7/17/43

Duration

4 days

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

96
32
3

AUG 26 1948

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

Henry M. Brammer

Licensed Embalmer No.....

4200

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.