S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 19 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 33381

Registration District No. 348

Primary Registration District No. 1003

Registrar's No. 8839

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Missouri Baptist Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days (Specify whether
In this community 40 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 175

(c) City or town St. Louis 9
(If outside city or town limits, write "RURAL")

(d) Street No. 1248 Goodfellow Avenue
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME MARY NEWBERY

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced widow 2

6. (b) Name of husband or wife William H. Newbery

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

7. Birth date of deceased 4 (Month) 8 (Day) 1875 (Year)

8. AGE:

Years	Months	Days	If less than one day
68	5	27	hr. min.

9. Birthplace Flemington (City, town, or county) New Jersey (State or foreign country)

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name William Barbour
13. Birthplace Flemington (City, town, or county) New Jersey (State or foreign country)

MOTHER
14. Maiden name Mary Taylor
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country) 9

16. (a) Informant Mrs. William Newbery

(b) Address 1248 Goodfellow Avenue

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 10-7-1943 (Month) (Day) (Year)

(c) Place: burial or cremation Nokomis, Illinois

18. (a) Signature of funeral director Alexander & Sons

(b) Address 6175 Delmar Blvd.

19. (a) OCT 6 1943 (Date received local registrar) (b) J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct 1 day 5th
year 1943 hour 4 minute 30 P. M.

21. I hereby certify that I attended the deceased from Mar 1, 1943, to Oct 5, 1943
that I last saw her alive on Oct 4, 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma Rt Axilla	6 mo.
Due to —	
Due to —	
Other conditions None (Include pregnancy within 3 months of death)	
Major findings: Of operations None.	
Of autopsy —	

55

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 Wm Flanagan Jr (M. D. or other)

Address 5803 Plymouth Av Date signed Oct 6 1943

347

(Licensed Embalmer's Statement on Reverse Side)

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 Thomas R. Tenwick

Licensed Embalmer No. 3793

P. O. Address St Louis Mo

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.