

FILED NOV 20 1943

Registration District No. 318

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County  
(b) City or town St. Louis  
(c) Name of hospital or institution: St. Johns Hospital  
(d) Length of stay: In hospital or institution 3 months  
In this community 11 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 000  
(c) City or town St. Louis  
(d) Street No. 325 N. Newstead Ave.  
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Margaret Newman

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Ferdinand 6. (c) Age of husband or wife if alive 11 years

7. Birth date of deceased November 4th, 1862

8. AGE: Years 80 Months 11 Days 27 If less than one day hr. min.

9. Birthplace St. James (City, town, or county) (State or foreign country) Mo

10. Usual occupation Housewife

11. Industry or business At Home

12. Name of father Daniel Cummings

13. Birthplace of father Ireland (State or foreign country)

14. Maiden name of mother Mary Flynn

15. Birthplace of mother Ireland (State or foreign country)

16. (a) Informant Vincent D Newman

(b) Address 615 S. Seventh St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/13/43

(c) Place: burial or cremation Calvary Cent

18. (a) Signature of funeral director Harrison & Sheahan Und Co

(b) Address 4415 Washington Blvd.

19. (a) NOV 12 1943 (Date received local registrar) (b) J. J. Bresnahan (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 11th year 1943 hour 7:00 AM minute M.

21. I hereby certify that I attended the deceased from July 1943 to Nov 11th 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Enterocolitis

Due to

Due to

Other conditions (include pregnancy within 3 months of death)

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) Means of injury

23. Signature Chas. R. ... (M. D. or other)

Address Donald ... Date signed 11/13/43

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

MOTHER FATHER

Mr. Carl Lewis  
3604 Washington  
2-11-1955  
1000 Bledsmit  
Dr. J. H. A. Edwards

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 W. W. Wilkinson

Licensed Embalmer No. 3575

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.