

No. 2
5-43
17-39
X36671

FILED FEB 11 1948 18
Registration District No. **18**

Primary Registration District No. **1003**

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

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: City Hospital No. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 22 hours.
(Specify whether)

In this community _____
years, months or days

3. (a) PRINT FULL NAME Charles Newcomb.

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 Single

6. (b) Name of husband or wife _____

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

7. Birth date of deceased October 24, 1866.
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>77</u>	<u>3</u>	<u>8</u>	_____ hr. _____ min.

9. Birthplace Evansville, Indiana.
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer.

11. Industry or business _____

MOTHER FATHER

12. Name Edward Newcomb.

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

14. Maiden name Dont know.

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

16. (a) Informant Mrs. Annie Graham.

(b) Address 5975 Highland Avenue.

17. (a) Burial
(Burial, cremation, or removal)

(b) Date thereof 2-3-1944.
(Month) (Day) (Year)

(c) Place: burial or cremation Lakewood Park Cem.

18. (a) Signature of funeral director Geo. L. Pleitsch, Inc.

(b) Address 5966-68 Easton Avenue.

19. (a) FEB 3
(Date received local registrar)

J. J. Bredack
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

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

(d) Street No. 5975 Highland Avenue.
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 1st.
year 1944 hour 8 minute 25 A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw h _____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death _____

Chronic Myocarditis

Chronic Interstitial

Nephritis / 2/

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

PHYSICIAN

Major findings:

Of operations _____

Of autopsy _____

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? _____

While at work? _____

(Specify type of place) _____

(e) Means of injury _____

3. Signature J. J. Bredack
(M. D. or other)

Address 609 1/2 Office

Date signed 2/3/44

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 Ben Hoffman

- Licensed Embalmer No. 4366

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.