

FILED FEB 11 1944

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **799**

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Barnes Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 8 days  
(Specify whether  
In this community 70 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis  
(c) City or town University City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 7014 Washington Ave  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 24  
year 1944 hour 5 minute 45 p.M.  
21. I hereby certify that I attended the deceased from  
Jan 17, 1944 to Jan 24, 1944  
that I last saw her alive on Jan 24, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
cerebral hemorrhage  
complicated by broncho pneumonia  
Due to arteriosclerosis, generalized  
Due to \_\_\_\_\_  
Other conditions arteriosclerotic heart dis.  
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings:  
(1) Of operations \_\_\_\_\_  
(2) Of autopsy \_\_\_\_\_  
93

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 \_\_\_\_\_  
23. Signature F. J. Brudeck (M. D. or other) \_\_\_\_\_  
Address Barnes Hospital Date signed 1/24/48

3. (a) PRINT FULL NAME Mrs. Lizzie 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 2 divorced

6. (b) Name of husband or wife Maurice M. Newman  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Feb 21 1856  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
87 11 3 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace England 4  
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business \_\_\_\_\_

12. Name Levi Newman

13. Birthplace England 4  
(City, town, or county) (State or foreign country)

14. Maiden name Ann Abrams

15. Birthplace England 4  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Richard Weiss

(b) Address 7014 Washington Ave

17. (a) Burial (b) Date thereof 1/26/44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Sinai

18. (a) Signature of funeral director W. J. Brudeck  
(b) Address 4356 Linden Blvd

19. (a) JAN 26 1944 (b) J. J. Brudeck  
(Date received local registrar) (Registrar's signature)

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.....

.....  
working under my personal supervision.

..... Registered Apprentice No. ....

Signed

*Albert G. Hooper*

Licensed Embalmer No. ....

2971

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.**