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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9312
Registrar's No. 2787

FILED APR 1 1944
818

Registration District No. 818 Primary Registration District No. 1003

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

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County 17
(c) City or town St. Louis
(d) Street No. 1422nd Harrison St.
(e) Citizen of foreign country? No
If yes, name country 0

3. (a) PRINT FULL NAME Thomas Newton
3. (b) If veteran, name war.....
3. (c) Social Security No.....

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Mar day 23rd
year 1944 hour 9 minute 07 P.M.
21. I hereby certify that I attended the deceased from March 12th
1944 to March 23rd, 1944;
that I last saw him alive on March 23rd, 1944;
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced 1
6. (b) Name of husband or wife Bearl Newton
6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased 3 25 1891
(Month) (Day) (Year)

Immediate cause of death Senile Psychosis
Due to.....
Due to.....
Other conditions.....
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
62 11 25 hr. min.
9. Birthplace Kentucky Ky.
10. Usual occupation Farmer

Major findings:
1. Of operations.....
Of autopsy.....
PHYSICIAN
Underline the cause to which death should be charged statistically.

11. Industry or business.....
12. Name Thomas Newton
13. Birthplace Yukon
14. Maiden name Alice Yukon
15. Birthplace Yukon

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?.....
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

16. (a) Informant Wife
(b) Address 1422nd Harrison St.
17. (a) Mother (b) Date thereof 3 25 44
(c) Place: burial or cremation Shelton, Mo
18. (a) Signature of funeral director H. Lindner
(b) Address 2323 W. Fair
19. (a) MAR 24 1944 (b) J. Z. Bradeck
(Date received local registrar) (Registrar's signature)

23. Signature L. Pinzackoff (M. D. or other) M.D.
Address 1515 Lafayette Date of issue 3/23/44

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

John P. Bushong

Licensed Embalmer No. *1674*.....

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.