

S. No. 2  
DM-8-13  
Y. 5-17-39  
P. I. X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

29667

State File No. ....

FILED SEP 20 1944  
318

Registration District No. ....  
Primary Registration District No. 1003

Registrar's No. 7882

1. PLACE OF DEATH:  
(a) County St. Louis, Missouri  
(b) City or town St. Louis, Missouri  
(c) Name of hospital or institution: 3969a St. Ferdinand Ave.  
(d) Length of stay: In hospital or institution. 1 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County ...  
(c) City or town St. Louis  
(d) Street No. 3969a St. Ferdinand  
(e) Citizen of foreign country? ... (Yes or No)  
If yes, name country ...

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

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Sept day 12 year 1944 hour 8 minute 30 A.M.  
21. I hereby certify that I attended the deceased from ... to ...

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced, married  
6. (b) Name of husband or wife Marvin Newbern 6. (c) Age of husband or wife if alive 65 years  
7. Birth date of deceased February 8th 1882 (Month) (Day) (Year)

that I last saw h. ... alive on ... 19... and that death occurred on the date and hour stated above.  
Immediate cause of death: *trauma right leg*  
*arteriosclerosis with the type and fat - to the pelvic floor*  
Due to: *fall from home Aug 13 1944 about 9:00 PM*

8. AGE: Years 62 Months 7 Days 4 If less than one day hr. min.

Other conditions (Include pregnancy within 3 months of death)  
Major findings: Of operations ...  
Of autopsy ...  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

9. Birthplace St. Louis, Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Albert Hemberger

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

14. Maiden name Rose Hemberger

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

16. (a) Informant Mr. Marvin C. Newbern-husband

(b) Address 3969a St. Ferdinand Ave.

17. (a) burial (b) Date thereof 9/14/44 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Int. Oak Grove Cem.

18. (a) Signature of funeral director Sullivan Brothers

(b) Address 2849 North Euclid Avenue

19. (a) SEP 13 1944 (b) (Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) accident  
(b) Date of occurrence Aug 13 1944  
(c) Where did injury occur? St. Louis (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
While at work? ...  
23. Signature of physician ... (M. D. or other)  
Address ... Date signed 9/13/44

(Licensed Embalmer's Statement on Reverse Side)

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 E. A. Sullivan

Licensed Embalmer No. # 2930

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.**