

S. No. 2
M-8-43
5-17-39
I X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29668**
Registrar's No. **8178**

FILED SEP 30 1944
Registration District No. **0-1944**

Primary Registration District No. **17008**

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: **St. Anthony's Hospital**
(If not in hospital or institution, write street number or location) **14 Days**
(d) Length of stay: In hospital or institution. **54 Yrs.**
In this community **54 Yrs.**
years, months or days (Specify whether)

3. (a) PRINT FULL NAME **Catherine Newman**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife **William** 6. (c) Age of husband or wife if alive **56** years

7. Birth date of deceased **March 21 1890**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	54	6	2	hr. _____ min.

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

10. Usual occupation **Home**

11. Industry or business _____

12. Name **Pius Bieber**
13. Birthplace **Germany**
(City, town, or county) (State or foreign country)

14. Maiden name **Kneff**
15. Birthplace **Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant **Wm. Newman**

(b) Address **4427 S. Spring**

17. (a) **Burial** (b) Date thereof **Sep. 27, 1944**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Sunset Burial Park**

18. (a) Signature of funeral director **Wacker-Helderte**
3634 Gravois Ave.

(b) Address _____

19. (a) **SEP 25 1944** (b) **J. F. Bredeh**
(Date received local authority) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **DAD**
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL") **17 15**
(d) Street No. **4427 S. Spring**
(If rural, give location) **7**
(e) Citizen of foreign country? **0** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **23**
year **1944** hour **4** minute **45** P.M.

21. I hereby certify that I attended the deceased from **4/28/44**
to **9-23-44** 19 **44**
that I last saw **u** alive on **9-23-** 19 **44**
and that death occurred on the date and hour stated above.

Immediate cause of death **Pulmonary embolism** Duration **1 1/2 hr**

Due to _____
Due to **///**

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

Major findings: **Operations for** **Postoperative sepsis** **9/25/44**
Of operations _____ Of autopsy _____

PHYSICIAN
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? _____

(Specify type of place) _____
While at work? _____ (e) Means of injury **0**

23. Signature **Joseph L. Demm** (M. D. or other) **9/25/44**
Address **4065 So Grand** Date signed _____

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..... *Frank J. Gland*.....

Licensed Embalmer No..... *2675*.....

P. O. Address..... *St Louis*.....

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.