

FILED NOV 1 1944
318

Registration District No. 318
Primary Registration District No. 1003

State File No. _____
Registrar's No. 9074

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

1. PLACE OF DEATH:

(a) County St. Louis
 (b) City or town St. Louis
 (c) Name of hospital or institution St. Paul Hospital
 (d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ years, months or days _____

3. (a) PRINT FULL NAME Rune M. Newcum

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 Single

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

7. Birth date of deceased November 10, 1873
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>70</u>	<u>11</u>	<u>14</u>	_____ hr. _____ min.

9. Birthplace Mt. Vernon Illinois
 (City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER

12. Name William H. Newcum

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

14. Maiden name Mary Mahaney

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

16. (a) Informant James F. Ely
 (b) Address 1480 Belt

17. (a) Burial (b) Date thereof 10 - 26 - 44
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Chas. J. Stewart
 (b) Address 225 Wilson Bldg.
OCT 25 1944 (c) J. F. Bredesch (Registrar's signature)

19. (a) _____ (b) _____
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1480 Belt Ave.
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month Oct day 24
 year 1944 hour 4:50 minute _____ P. M.

21. I hereby certify that I attended the deceased from Jan 2, 1944 to Oct 24, 1944
 that I last saw her alive on Oct 23, 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma Colon

Due to Primary in Liver

Due to _____

Other conditions Carcinoma Breast
 (Include pregnancy within 3 months of death)

Major findings: Carcinoma Colon
Carcinoma Liver

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

23. Signature J. Gordon Newcum (M. D. or other) _____
 Address 4500 Belmont Date signed 10/24/44

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..... *W. Wilkinson*
Licensed Embalmer No..... *3575*
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: