

FILED DEC 5 1944
318

Registration District No.

Primary Registration District No.

1003

Registrar's No.

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: City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days (Specify whether
In this community 10 years
years, months or days)

3. (a) PRINT FULL NAME

Hatley Newman

3. (b) If veteran, name war

yes

3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Beuna Newman 6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased November 16 1893
(Month) (Day) (Year)

8. AGE: Years 51 Months 0 Days 5 If less than one day hr. min.

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

10. Usual occupation Laborer

11. Industry or business

12. Name Eli Newman

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

14. Maiden name Frances Brisco

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

16. (a) Informant Mrs. Beuna Newman

(b) Address 2114 N. 13th. St.

17. (a) Burial (b) Date thereof 11-25-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lake Charles Cemetery

18. (a) Signature of funeral director Hy. Leidner U. Co.

(b) Address 2223 St. Louis Ave.

19. (a) NOV 24 1944 (b) J. F. Bredbeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 2114 N. 13th. St. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 21st.
year 1944 hour 5:30 PM minute 27 M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw h. _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Fracture of skull Duration

Subdural hemorrhage of brain when found in the rear of a tower located

Due to 1300 No. Market Street approx 1935

11 M. Nov. 18, 1944 following altercation

Due to such one Edward Hull and one George Elmer Smith on the same evening in the tower above mentioned

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 168

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) Man's laughter

(b) Date of occurrence Nov 18, 1944

(c) Where did injury occur? St. Louis Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Charles Place
(Specify type of place)

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

23. Signature Edward F. Hoffmann (M.D. or other) know

Address 1512 1/2 N. 1st St. Date signed 11/24/44

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..... *John P. Baiphloz*

Licensed Embalmer No. *1674*

P. O. Address *2245 St. Louis Ave*

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.