

U.S. No. 2
FORM-5-43
Rev. 5-17-39
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35681

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 10537

FILED DEC 12 1945
Registration District No. 318

Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1623a So. 9th Street /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ years, months or days

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. 1623a So. 9th Street
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME EMMA NEUKOMM
3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex Female / 5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased January 16, 1883
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month December day 4 1945
year _____ hour _____ minute 30 A. M.
21. I hereby certify that I attended the deceased from 11-1-
1940 to 12-4- 1945
that I last saw her alive on 12-3- 1945
and that death occurred on the date and hour stated above.
Immediate cause of death Carcinoma
of lower _____
Duration 6 Mo

8. AGE: Years 62 Months 10 Days 18
If less than one day hr. _____ min. _____

Due to _____
Due to _____
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 Housework
11. Industry or business At Home
12. Name William Newkonn
13. Birthplace Unknown Switzerland
(City, town, or county) (State or foreign country)
14. Maiden name Katherine Herfer
15. Birthplace Carlsruhe Germany
(City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Louise Steinert
(b) Address 1623a So. 9th Street
17. (a) Burial (b) Date thereof Dec. 6, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Old St. Marcus Cemetery
18. (a) Signature of funeral director Wm. J. Robert L. & U. O.
(b) Address 1905 So. Grand Blvd.
19. (a) DEC 4 1945 (b) J. F. Bredenk
(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) _____
(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) (e) Means of injury _____
23. Signature L. F. Murray (M. D. certifier)
Address 900 - Russell Date signed 12-4-46

(Licensed Embalmer's Statement on Reverse Side)

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

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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..... *Rex Campbell*

Licensed Embalmer No. *3881*

P. O. Address..... *St Louis, Mo*

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.