

FILED DEC 17 1945
Registration District No. 5717

Primary Registration District No. 3063

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Louis County Hosp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 3 days
(Specify whether years, months or days) 7 yrs.

In this community _____

3. (a) PRINT FULL NAME Albert Newport

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced. W ✓

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

7. Birth date of deceased Nov. 11 1876
(Month) (Day) (Year)

8. AGE: Years 69 Months _____ Days 14 If less than one day hr. _____ min. _____

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

10. Usual occupation Porter

11. Industry or business Henry

12. Name Henry Newport

13. Birthplace New Orleans La.
(City, town, or county) (State or foreign country)

14. Maiden name Mary Brinker

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

16. (a) Informant Albert Newport

(b) Address 2456 Oakland

17. (a) Burial (b) Date thereof 11-28-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Arthur Donnelly

(b) Address 3840 Euclid Blvd

19. (a) 11-28-45 (b) E. M. Darnold
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis 76

(c) City or town Greenland 13
(If outside city or town limits, write "RURAL")

(d) Street No. 2456 Oakland 1
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 25
year 1945 hour 9 minute - A. M.

21. I hereby certify that I attended the deceased from August 14 1945 to November 25 1945
that I last saw him alive on November 25 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of esophagus 2 yrs.?
Duration _____

Due to 460

Due to _____

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

Major findings: Of operations _____

Of autopsy As above

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) (c) Means of injury _____

23. Signature John A. Wilson (M. D. or other) M.D.
Address 601 So. Brentwood Date signed 11-25-45

FEB 4 1946

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 H Van Matre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

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.