

S. No. 2
M-5-43
y. 5-17-39
I X36871

FILED DEC 21 1945
Registration District No. **318**

Primary Registration District No. **1003**

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. Lukes Hospital
(If not in hospital or institution, write street number or location)

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

3. (a) PRINT FULL NAME ROBERTA R. NEWELL

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

7. Birth date of deceased February 9 1865
(Month) (Day) (Year)

8. AGE: — Years Months Days If less than one day

80 9 28 _____ hr. _____ min.

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

10. Usual occupation at home

11. Industry or business

12. Name Elbridge Gerry Newell

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

14. Maiden name Helen Berry

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

16. (a) Informant Mrs. Carl F. G. Meyer

(b) Address 7330 Maryland Ave.

17. (a) Cremation (b) Date thereof 12-11-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Crematory

18. (a) Signature of funeral director C. R. Lupton & Sons

(b) Address 7233 Delmar Bly'd., U. City,

19. (a) DEC 11 1945 (b) J. F. Bredenk
(Date received local registrar's) (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. 5540 Pershing Avenue
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 7th
year 1945. hour 4:10 minute _____ P. M.

21. I hereby certify that I attended the deceased from Oct 6-4, 1944 to Dec 7, 1945
that I last saw her alive on Dec 7, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Hyperextension heart disease **Duration** 2 yr

Due to _____

Due to _____

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

PHYSICIAN

Major findings:

Of operations _____

Of autopsy _____

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?

23. Signature Samuel B Grant (M.D. or other) M.D.
While at work? _____ (Specify type of place) (c) Means of injury _____
Address 114 N. Taylor Ave **Date signed** 12/8/45

Dr. Sam Grant,
114 North Taylor Avenue
JE-8600

(Brianna Homan)

10761

10761

DEC 3 1981

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: Bradford A. Miles

Licensed Embalmer No. 2901

P. O. Address University City, 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.