

FILED MAY 31 1946

STANDARD CERTIFICATE OF DEATH

State File No. 15057

Registration District No.

Primary Registration District No.

1003

Registrar's No. 3759

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: Barnes Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 days
(Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
(c) City or town Overland
(If outside city or town limits, write "RURAL")
(d) Street No. 8144 Toddy Ave.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME JOHN WESLEY NEWCOMB

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

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Effie Newcomb
6. (c) Age of husband or wife if alive 61 years
7. Birth date of deceased July 10 1880
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 9 13 hr. min.

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

10. Usual occupation R.R. Mail clerk

11. Industry or business Retired

12. Name John W. Newcomb

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

14. Maiden name Helen Rayhill

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

16. (a) Informant Mrs. Effie Newcomb

(b) Address 8144 Toddy Ave.

17. (a) Burial (b) Date thereof 4-26-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cemetery

18. (a) Signature of funeral director Drehmann-Harral

(b) Address 1905 Union Blvd.

19. (a) APR 24 1946 (b) J. F. Bredock
(Date received by Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr. day 23
year 1946 hour 9 minute 38 A. M.

21. I hereby certify that I attended the deceased from Apr. 17 1946 to Apr. 23 1946
that I last saw him alive on Apr. 23 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Myelogenous leukemia, chronic

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy above

Duration

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?

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

23. Signature J. R. Bradley (M. D. or other)
Address Barnes Hospital Date signed 4/23/46

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

10
17
9

13357

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

Warren A. Carver

Licensed Embalmer No. *3534*

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.