

FILED MAY 17 1946

STANDARD CERTIFICATE OF DEATH

State File No. 18255

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 4117

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis City Hospital
Max C. Starkloff Memorial
(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

3. (a) PRINT FULL NAME FRANKLIN NEWMAN

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Emma Newman 6. (c) Age of husband or wife if alive 3 years
7. Birth date of deceased Dec. 25th 1871
(Month) (Day) (Year)

8. AGE: Years 74 Months 4 Days 10 If less than one day hr. min.

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

10. Usual occupation Watchman (retired)

11. Industry or business

12. Name John H. Newman
13. Birthplace Tenn. (City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Tenn. (City, town, or county) (State or foreign country)

16. (a) Informant Emma Newman
(b) Address 4240 Blair Ave.

17. (a) burial (b) Date thereof 5-8-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Lebanon Cem.

18. (a) Signature of funeral director Drehmann-Harral
(b) Address 1905 Union Blvd.

19. (a) MAY 6 1946 (Date received) (b) J. F. Brudick (Registrar's signature)

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. 4240 Blair Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 5 year 1946 hour 1:40 minute A M.
21. I hereby certify that I attended the deceased from March 17 1946 to May 5 1946
that I last saw him im alive on May 5 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertension - bilateral
uremia Duration 3 wks.

Due to 12/1/46
Due to _____

Other conditions Hypertrophy prostate 2 yrs.
(Include pregnancy within months of death)

Major findings: Of operations _____
Of autopsy Same 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) (e) Means of injury _____
23. Signature E. H. Carson M.D. (M.D. or other)
Address 1515 Lafayette Avenue Date signed 5/6/46

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

17633

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.....

Albert R. Thompson Jr

Licensed Embalmer No.....

46237

P. O. Address.....

St. Louis

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.