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

20923

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED JUN 26 1946

State File No. 22054

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5485

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)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County 000

(c) City or town ST. LOUIS 9 17
(If outside city or town limits, write "RURAL")

(d) Street No. 5123 Mc Kissock 9
(If rural, give location) 10

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

If yes, name country

3. (a) PRINT FULL NAME MATHILDA NEWMAN

3. (b) If veteran, name war NO

3. (c) Social Security No.

4. Sex FEMALE

5. Color or race WHITE

6. (a) ~~Single~~, widowed, ~~married~~, ~~divorced~~ WIDOW

6. (b) Name of husband or wife LOUIS NEWMAN

6. (c) Age of husband or wife if alive years

7. Birth date of deceased OCTOBER (Month) 30 (Day) 1865 (Year)

8. AGE: Years 80 yrs Months 7 Days 19 ~~20~~ If less than one day hr. min.

9. Birthplace ST. LOUIS (City, town, or county) MO. 0 (State or foreign country)

10. Usual occupation NIL

11. Industry or business

FATHER
12. Name WILLIAM REDPATH
13. Birthplace ENGLAND (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name UNK UNKNOWN
15. Birthplace UNKNOWN UNKNOWN (City, town, or county) (State or foreign country)

16. (a) Informant Mr Charles Newman
(b) Address 3315A Magnolia av.

17. (a) BURIAL (Burial, ~~cremation, or removal~~) (b) Date thereof JUNE 21-46 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ OLD BETHLEHEM

18. (a) Signature of funeral director E. J. Schnur
(b) Address 3125 Lafayette av.

19. (a) JUN 20 1946 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 19
year 1946 hour 5:30 minute A M.

21. I hereby certify that I attended the deceased from June 15, 1946, to June 19, 1946
that I last saw her alive on June 19, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the breast

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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 W. M. F. Zgueld (M. D. or other)

Address 1515 Lafayette Avenue Date signed 6/19/46

(Licensed Embalmer's Statement on Reverse Side)

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 Jos B Vollmer

Licensed Embalmer No. 4014

P. O. Address St Louis 4 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.