

No. 2  
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5-17-39  
X32873

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

34824 /

State File No. \_\_\_\_\_

Registrar's No. 2675-

**FILED** OCT 16 1946  
Registration District No. 317

Primary Registration District No. 6076

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:  
2133 Overlea Avenue. /  
(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 Missouri (b) County St. Louis 96

(c) City or town Pine Lawn 0  
(If outside city or town limits, write "RURAL") 0

(d) Street No. 2133 Overlea Avenue. 0  
(If rural, give location) 0

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No) \_\_\_\_\_  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME George E. Newbury.

3. (b) If veteran, name war None

3. (c) Social Security No. None

20. DATE OF DEATH: Month October day 4th.  
year 1946 hour 6 minute A.M. M.

4. Sex Male 0 5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Pauline Newbury. 6. (c) Age of husband or wife if alive Dec'd years

7. Birth date of deceased November 19, 1866.  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from January 1944 to Oct 4 1946 that I last saw him alive on Feb 1946 and that death occurred on the date and hour stated above.

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

|           |           |           |                      |
|-----------|-----------|-----------|----------------------|
| <u>79</u> | <u>10</u> | <u>15</u> | hr. _____ min. _____ |
|-----------|-----------|-----------|----------------------|

Immediate cause of death Coronary Occlusion 93

Due to chronic myocarditis 2 yrs

Due to \_\_\_\_\_

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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

10. Usual occupation Church Sexton.

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Dont know. 9

13. Birthplace Dont know. 9  
(City, town, or county) (State or foreign country)

14. Maiden name Dont know. 9

15. Birthplace Dont know. 9  
(City, town, or county) (State or foreign country)

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

16. (a) Informant Mrs. Esther Hafer.

(b) Address 2133 Overlea Avenue.

17. (a) Burial (b) Date thereof 10-7-1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

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? 2

(c) Place: burial or cremation New Bethlehem Cemetery.

18. (a) Signature of funeral director Geo. L. Pleitsch, Inc.  
(b) Address 5966-68 Easton Avenue.

(Specify type of place) \_\_\_\_\_  
(While at work) \_\_\_\_\_ Means of injury \_\_\_\_\_

19. (a) 10-7-46 Paul J. Talley (b) Dr. J. B. Jones (M. D. or other) Dr.  
(Date received local registrar) (Registrar's signature) (Date signed)

Address 830 N. Ringhighway

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

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**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 Clement McManis  
Licensed Embalmer No. 3732  
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.**