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M-5-43
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35453

State File No. _____
Registrar's No. **9117**

FILED NOV 12 1946
318
Registration District No. _____

Primary Registration District No. **1003**

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

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:
Barns Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **66 years** (Specify whether)
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County _____
(c) City or town **St Louis**
(If outside city or town limits, write "RURAL" and name of township)
(d) Street No. **2611 Thomas st**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Henry Newman**
(b) If veteran, name war **none**
(c) Social Security No. **483-10-42**

4. Sex **M** 5. Color or race **Col**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Mammie Newman**
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased _____ (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
About 66 hr. min.

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

10. Usual occupation **Porter**

11. Industry or business _____

MOTHER FATHER
12. Name **Henry Newman sr**
13. Birthplace **Mo**
(City, town, or county) (State or foreign country)
14. Maiden name **Sholott** **unknown**
(City, town, or county) (State or foreign country)
15. Birthplace **Mobile Ala**
(City, town, or county) (State or foreign country)

16. (a) Informant **Joe Newman**

(b) Address **2223 Randolph st**

17. (c) **Burial** (b) Date thereof **Oct 26- 46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Peters Cem**

18. (a) Signature of funeral director **J. J. Hughes**

(b) Address **2620 Director**

19. (a) **OCT 25 1946** (b) **1946**
(Date received local registrar) (Year)

J. J. Predest
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct** day **21**
45 year **1946** hour **9** minute **10** a. M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Occlusion** Duration _____
2 Coronary Shunts in the Chest
While undergoing a operation
for a hernia which he
received while at work at the
Plate Glass Co. (East Ave
Washburn) when looking steps
and one step striking her
in the stomach
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations: _____
Of autopsy: **1946**

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) **Accidental**

(b) Date of occurrence **Oct 21 1946**

(c) Where did injury occur? **at home**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Work
(Specify type of place) (e) Means of injury **fall**

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

23. Signature **John E. Hughes** (M. D. or other) **J**

Address **2620 Director** Date signed **10/21/46**

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..... *Clayton Young*
Licensed Embalmer No. *3371*
P. O. Address *St. Joens*

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.