

FILED MAY 14 1947 #35299

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH: 318
(a) County: St. Louis, Mo.
(b) City or town: St. Louis, Mo.
(c) Name of hospital or institution: St. Louis City Hospital - Max C. Starkloff
(d) Length of stay: In hospital or institution.

2. USUAL RESIDENCE OF DECEASED: 1003
(a) State: Mo.
(b) County: Co. 0
(c) City or town: St. Louis
(d) Street No. or lot: 2929 N. Newstead Memorial
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME: WILLIAM NEWMAN
3. (b) If veteran, name war: 492-05-1499
3. (c) Social Security No.:

4. Sex: MO Color or race: W
5. Color or race: W
6. (a) Single, widowed, married, divorced: divorced
6. (b) Name of husband or wife: Nellie
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: Nov 19, 1879

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 3rd year 1947 hour 3:05 minute P M.
21. I hereby certify that I attended the deceased from 5/2/47 to May 3rd, 1947 that I last saw him alive on May 3rd, 1947 and that death occurred on the date and hour stated above.

8. AGE: Years 67 Months 5 Days 14 If less than one day

Immediate cause of death: Liver Abscess
Cause Unknown
Duration

9. Birthplace: Centralia, Mo. 0

10. Usual occupation: Machinist

11. Industry or business: Retired

12. Name: Michael Newman

13. Birthplace: Mo. 0

14. Maiden name: Sarah Munnally

15. Birthplace: Va. 9

16. (a) Informant: Mrs. Nellie Hoppe
(b) Address: 2929 N. Newstead

17. (a) Burial, cremation, or removal: Burial
(b) Date thereof: 5-6-1947

(c) Place: burial or cremation: New Bethlehem

18. (a) Signature of funeral director: Duhrmann Horrel
(b) Address: 1905 Union

19. (a) MAY 5 1947 (Date received local registrar)
(b) J. F. Bredack (Registrar's signature)

Other conditions: (include pregnancy within 3 months of death) 1925

Major findings: Of operations

Of autopsy: As above

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?

23. Signature: 1515 Lafayette St. (M.D. or other) Date signed: 5/5/47

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

MOTHER FATHER

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

Licensed Embalmer No. *4237*

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.