No. 2
-1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 5 1947

Registration District No.

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

1003

Primary Registration District No.

State File No. 19190
Registrar's No. 5140

1. PLACE OF DEATH:

(a) County: St. Louis
(b) City or town: (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Sanitarium
(If not in hospital or institution, write street, number or location)
(d) Length of stay: In hospital or institution: 6yrs 10mos 20das. (Specify whether)
In this community: 26years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: 060
(c) City or town: St. Louis (If outside city or town limits, write "RURAL")
(d) Street No.: ~~3317a N. Ninth St~~ 5400 Arsenal (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: RICHARD NEWBY
3. (b) If veteran, name war: None
3. (c) Social Security No.:
4. Sex: Male ~~Female~~
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Hazel Newby nee Camp
6. (c) Age of husband or wife if alive: 44 years
7. Birth date of deceased: October 24 1896 (Month) (Day) (Year)

8. AGE: Years 50 | Months 6 | Days 28 | If less than one day: hr. min.

9. Birthplace: Limestone Co., Alabama (City, town, or county) (State or foreign country)
10. Usual occupation: Truck Driver
11. Industry or business:

FATHER
12. Name: Worley Newby
13. Birthplace: Limestone Co., Alabama (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Millie Allison
15. Birthplace: Texas (City, town, or county) (State or foreign country)

16. (a) Informant: Thelma A. Singler
(b) Address: 5400 Arsenal St
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 5/24/47 (Month) (Day) (Year)
(c) Place: burial or cremation: New Pickers Cemetery
18. (a) Signature of funeral director: Math Hermann & Son, Inc.
(b) Address: 2161 East Fair Ave
19. (a) MAY 23 1947 (Date received local registrar) (b) J. F. Breeden (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 22th year 1947 hour 3:45 minute A. M.

21. I hereby certify that I attended the deceased from July 2 1940 to May 22 1947 that I last saw him alive on May 22 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acute Cerebrospinal Meningitis	6 das
General Paralysis of the Insane	8 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause of 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: L. Holstatter (M. D. or other) M.D.
Address: 5400 Arsenal St Date signed: 5/22/47
L. Holstatter

Jefferson City Printing Co. (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 William G Burkhodz

Licensed Embalmer No. 2110

P. O. Address St Louis 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.