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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 15 1947

THE STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 25884

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7191

**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:
5809 Michigan Ave.
(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
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 5809 Michigan Avenue 9
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME JESSIE VIOLA NEWMAN

3. (b) If veteran, name war No

3. (c) Social Security No. 493-09-6866

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased May (Month) 19, (Day) 1880 (Year)

8. AGE: Years 67 Months 2 Days 18 If less than one day hr. min.

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

10. Usual occupation Hand Folder

11. Industry or business Paramount Shoe Company

FATHER
12. Name Robert W. Newman
13. Birthplace Unknown (City, town, or county) England (State or foreign country) 4

MOTHER
14. Maiden name Amanda Miller
15. Birthplace Unknown (City, town, or county) Ohio (State or foreign country) 1

16. (a) Informant Mrs. Rose V. Brown
(b) Address 5809 Michigan Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/9/47 (Month) (Day) (Year)
(c) Place: burial or cremation Park Lawn Cemetery

18. (a) Signature of funeral director C. Hoffmeister U & L Co.
(b) Address 7814 South Broadway

19. (a) AUG 8 1947 (Date received local registrar) (b) J. F. Biedeck (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month August day 7th
year 1947 hour 6 minute :05 A.M.

21. I hereby certify that I attended the deceased from
, 1945, to July 25, 1947
that I last saw her alive on Aug 1, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion
Cardia Vascular Renal disease

Due to Hypertension

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.

131 a

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? 0
(Specify type of place)

While at work? (e) Means of injury

23. Signature Jos. G. Gunst M.D. (M.D. or other)

Address 5521 S. Broadway Date signed 8/7/47

(Licensed Embalmer's Statement on Reverse Side)

Doctor Joseph A. Graneto
5521 South Broadway
LOckhart 1911
I - 3P.M. 8/7/47

Mary

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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. Harry J. Schumacher

Licensed Embalmer No. 2679

P. O. Address. 7814 S Broadway

**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.**