

FILED OCT 28 1949

STANDARD CERTIFICATE OF DEATH

318

1003

State File No.

BIRTH NO. REG. DIST. NO. PRIMARY REG. DIST. NO. Registrar's No. 8958

1. PLACE OF DEATH a. COUNTY:		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY	
b. CITY OR TOWN <u>St. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>HOMER PHILLIPS</u>		d. STREET ADDRESS (If rural, give location) <u>3003 1/2 CLARK AVE</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>CHARLIE</u> b. (Middle) <u>NEWTON</u> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 13 - 1949</u>		
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5. SEX <u>MALE</u>		6. COLOR OR RACE <u>NEGRO</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH <u>Oct 3, 1879</u>		9. AGE (In years last birthday) <u>70</u>		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Labourer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Miss</u>		12. CITIZEN OF WHAT COUNTRY?	
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13a. FATHER'S NAME <u>Bentley Newton</u>		13b. MOTHER'S MAIDEN NAME <u>Bessie Bell</u>		14. NAME OF HUSBAND OR WIFE <u>Arnie Newton</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>No</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Mary Ellis</u>		ADDRESS <u>3003 1/2 Clark</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Nephritis</u>		ANTECEDENT CAUSES <u>Hypertension</u>					
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>102</u>	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>#557</u>	
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22. I hereby certify that I attended the deceased from Feb 1949, to Oct 13, 1949, that I last saw the deceased alive on Oct 13, 1949, and that death occurred at 4:54 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>L. B. Howell</u> (Degree or title)		23b. ADDRESS <u>2902 1/2 Olive</u>		23c. DATE SIGNED <u>10-14-49</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>10. 20. 49.</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Clarksdale Miss</u>		24d. LOCATION (City, town, or county) (State)	
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DATE REC'D BY LOCAL REG <u>OCT 18 1949</u>		REGISTRAR'S SIGNATURE <u>J. B. Fasater</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>ACKINS BROS and Co.</u>		ADDRESS <u>3644 FINNEY AVE</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Louis V. Williams

Licensed Embalmer No. *2842*

P. O. Address *3644 F...*

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.