

FILED JAN 26 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2853

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 401

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived; if institution: residence before admission). a. STATE Mo.	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home G Phillips Hospital		d. STREET ADDRESS (If rural, give location) 25 1307 Hadley, St.	

3. NAME OF DECEASED (Type or Print) a. (First) Thelma	b. (Middle)	c. (Last) Newland	4. DATE OF DEATH (Month) (Day) (Year) Jan. 8 1950
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5. SEX 3 Female	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Nov. 23, 1904	9. AGE (In years last birthday) 45 IF UNDER 1 YEAR Months 1 IF UNDER 24 HRS. Days 16 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Grantville, Illinois	12. CITIZEN OF WHAT COUNTRY?	

13a. FATHER'S NAME Gus Jones	13b. MOTHER'S MAIDEN NAME Dolly Walker	14. NAME OF HUSBAND OR WIFE John Newland
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME John Newland	ADDRESS 1307 Hadley
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION Pancreas		INTERVAL BETWEEN ONSET AND DEATH Undet.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Far Advanced Carcinoma of the Head of		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Undetermined DUE TO (c)		
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 checked="" 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) 151X
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-30, 1949, to 1-8, 1950, that I last saw the deceased alive on 1-8, 1950, and that death occurred at 10a m., from the causes and on the date stated above.

23. SIGNATURE Douty	(Degree or title)	23b. ADDRESS 2601 N Whittier St	23c. DATE SIGNED 1-10-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE JAN. 14, 1950	24c. NAME OF CEMETERY OR CREMATORY Washington Park	24d. LOCATION (City, town, or county) (State) St. Louis MO.
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DATE REC'D BY LOCAL JAN 14 1950	REGISTRAR'S SIGNATURE Kasaba	25. FUNERAL DIRECTOR'S SIGNATURE Glad English	ADDRESS 2931 Lucas
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

2009
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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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Buleson English

Licensed Embalmer No. 4208

P. O. Address 2931 Lucas, Wc.

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.