

FILED MAR 15 1950

STANDARD CERTIFICATE OF DEATH

State File No. 7184  
Registrar's No. 605

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076

1. PLACE OF DEATH  
a. COUNTY St. Louis

b. CITY (If outside corporate limits, write RURAL and give township) Jennings  
c. LENGTH OF STAY (in this place) 15 yrs

d. FULL NAME OF HOSPITAL OR INSTITUTION 5444 Janet

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE Missouri b. COUNTY St. Louis

c. CITY (If outside corporate limits, write RURAL and give township) Jennings  
d. STREET ADDRESS 5444 Janet

3. NAME OF DECEASED  
a. (First) James b. (Middle) Monroe c. (Last) Newton

4. DATE OF DEATH (Month) (Day) (Year) March 6, 1950

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Sept. 22, 1868 9. AGE (In years last birthday) 81

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School Teacher  
10b. KIND OF BUSINESS OR INDUSTRY EDUCATION

11. BIRTHPLACE (State or foreign country) Union Co., Ill.  
12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Isaac M. Newton  
13b. MOTHER'S MAIDEN NAME Clarkey Miles  
14. NAME OF HUSBAND OR WIFE Mary Frances Newton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No  
16. SOCIAL SECURITY NO. Unknown  
17. INFORMANT'S SIGNATURE OR NAME Mary Frances Newton  
ADDRESS 5444 Janet

18. CAUSE OF DEATH  
Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Acute Lymphatic Leukemia  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) Arteriosclerosis  
DUE TO (c) Myocarditis

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  NO

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) \_\_\_\_\_

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) \_\_\_\_\_  
21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from Jan 9, 1950, to March 6, 1950, that I last saw the deceased alive on March 4, 1950, and that death occurred at 4:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE Leo P. Gerald M.D. (Degree or title)  
23b. ADDRESS 6677 Delmar Blvd University City  
23c. DATE SIGNED March 17, 1950

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal  
24b. DATE 3-7-50  
24c. NAME OF CEMETERY OR CREMATORY \_\_\_\_\_  
24d. LOCATION (City, town, or county) (State) Union Co., Ill.

DATE REC'D BY LOCAL REG. 3-7-50  
REGISTRAR'S SIGNATURE Herbert C. Monroe  
25. FUNERAL DIRECTOR'S SIGNATURE Address Albert H. Hoppe, 4700 Washington Blvd.

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

0961 9 I NOV

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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 \_\_\_\_\_

.....  
working under my personal supervision.

Student Embalmer No. ....

Signed

*Elmer R. Caldwell*

Signed.....

Student Embalmer

Licensed Embalmer No. 4077

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.