

No. 300
10-48

FILED NOV 10 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35779

BIRTH NO. _____ REG. DIST. NO. 917 PRIMARY REG. DIST. NO. 6076 Registrar's No. 2629

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) Eureka		c. CITY (If outside corporate limits, write RURAL and give township) 4376 31 OR TOWN University City	
d. FULL NAME OF HOSPITAL OR INSTITUTION Cottage at Eureka		d. STREET ADDRESS (If rural, give location) 6969 Dartmouth	

3. NAME OF DECEASED (Type or Print) a. (First) ROY b. (Middle) L. NEWBERRY c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) 10-29-1950
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5. SEX M. ♀	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) D. ?	8. DATE OF BIRTH 7-11-1885	9. AGE (In years last birthday) 65	IF UNDER 1 YEAR Months 3	IF UNDER 24 HRS. Days 15	Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Auto Salesman	10b. KIND OF BUSINESS OR INDUSTRY Auto	11. BIRTHPLACE (State or foreign country) St. Louis, Mo. 0	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME John J. Newberry	13b. MOTHER'S MAIDEN NAME Amelia	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. 497-01-0185	17. INFORMANT'S SIGNATURE OR NAME Mrs. J. T. Rumble	ADDRESS 5512 Delmar
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Left ventricular failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause: (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH sudden 4342 years (5)
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION chronic myo carditis		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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) 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 April 5, 1947, to Oct 6, 1950, that I last saw the deceased alive on Oct. 6, 1950, and that death occurred at 8:05 m., from the causes and on the date stated above.

23a. SIGNATURE Russell Glaser	(Degree or title) D.D. 2-4032-41. Flammant.	23b. ADDRESS	23c. DATE SIGNED 10-30-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial 17	24b. DATE 11-1-1950	24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cem	24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.
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DATE REC'D BY LOCAL REG. 10-30-50	REGISTRAR'S SIGNATURE H.R. Donker M.D.	25. FUNERAL DIRECTOR'S SIGNATURE G. R. ...	ADDRESS 6175 Delmar
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(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Russel Blaser
4032 A W Florissant

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

Jos. E. McCullah

Licensed Embalmer No. 2960

P. O. Address 614 1/2 Elm

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.