

40283

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
10.48

FILED DEC 14 1951

BIRTH NO.		REG. DIST. NO. <u>317</u>	PRIMARY REG. DIST. NO. <u>6076</u>	Registrar's No. <u>3906</u>
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> <u>4001</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Normandy</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Normandy</u> <u>4121</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>O'Sullivan Nursing Home</u>		d. STREET ADDRESS (If rural, give location) <u>3715 St. Ann's Lane 0</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u>		b. (Middle) <u>B.</u>		c. (Last) <u>NEW</u>
4. DATE OF DEATH <u>Dec. 5, 1951</u>		5. SEX <u>Male</u>		
6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>		8. DATE OF BIRTH <u>Oct. 22, 1862</u>
9. AGE (In years last birthday) <u>89</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Unknown</u>
11. BIRTHPLACE (State or foreign country) <u>Yellow river Georgia</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>		
13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown). (If yes, give war or date of service) <u>Yes Spanish Amer.</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Miss Iva O'Sullivan</u> ADDRESS <u>3715 St. Ann's</u>
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Cardio-vascular disease</u> DUE TO (c) <u>Left hemiplegia</u>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 wks</u> <u>over 5 years</u> <u>2 yrs</u>
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		4221		
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>57</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		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 <u>May 4, 1950</u> , to <u>Dec 5, 1951</u> , that I last saw the deceased alive on <u>Dec 3, 1951</u> , and that death occurred at <u>7:30 P. m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <u>Lewis Lettman MD</u>		23b. ADDRESS <u>8231 Clayton Rd (17)</u>		23c. DATE SIGNED <u>12/6/51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec. 7, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>National</u>
24d. LOCATION (City, town, or county) (State) <u>Jefferson Barracks Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Robert P. Somke</u> ADDRESS <u>7267 Natural Bridge</u>		
DATE REC'D BY LOCAL REG. <u>12-6-51</u>		REGISTRAR'S SIGNATURE <u>Hubert P. Somke</u>		

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: *James A. Summers*

Licensed Embalmer No. *4142*

P. O. Address *St. Louis*

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.