

FILED MAR 5 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6850
Registrar's No. 1630

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH
a. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis

c. LENGTH OF STAY (in this place) 7 mo.

d. FULL NAME OF HOSPITAL OR INSTITUTION City Infirmery

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo. b. COUNTY _____

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2139

d. STREET ADDRESS (If rural, give location) 5800 Arsenal St. 13

3. NAME OF DECEASED (Type or Print)
a. (First) Newton Duff b. (Middle) _____ c. (Last) _____

4. DATE OF DEATH (Month) (Day) (Year)
Feb. 18, 1952

5. SEX male 6. COLOR OR RACE col. 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Sep.

8. DATE OF BIRTH Apr. 30, 1867 9. AGE (In years last birthday) 84

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None

10b. KIND OF BUSINESS OR INDUSTRY _____

11. BIRTHPLACE (State or foreign country) Miss.

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Pete Duff 13b. MOTHER'S MAIDEN NAME Judith ? 14. NAME OF HUSBAND OR WIFE unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____

16. SOCIAL SECURITY NO. _____

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Records of City Infirmery

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

1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerosis Generalized

INTERVAL BETWEEN ONSET AND DEATH years

*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) General weakness
DUE TO (c) Arteriosclerotic Heart Disease

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

years

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? 4:20

22. I hereby certify that I attended the deceased from July 7, 1951, to 2-18-52, 1952, that I last saw the deceased alive on 2-18-52, 1952, and that death occurred at 2:10 p.m. from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) _____ 23b. ADDRESS 5800 Arsenal 23c. DATE SIGNED 2/18/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 24b. DATE 2-22-52 24c. NAME OF CEMETERY OR CREMATORY Greenwood 24d. LOCATION (City, town, or county) (State) St. Louis County Missouri

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE FFR 20 1952 Ellis Funeral Home, Inc. 2820 Stoddard St.

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

Eulster E. Culkin

Licensed Embalmer No.

4198

P. O. Address

St. Louis 137

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.