.S. No. 300
ev. 10.48

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20954

State File No.

FILED JUN 30 1952

BIRTH NO. REG. DIST. NO. 162 PRIMARY REG. DIST. NO. 5594 Registrar's No. 55

1. PLACE OF DEATH
a. COUNTY Jefferson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Cedar Hill
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY [illegible]
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis Mo 2109
d. STREET ADDRESS (If rural, give location) 4457 Peck

3. NAME OF DECEASED (Type or Print) a. (First) James b. (Middle) Edward Jr c. (Last) New

4. DATE OF DEATH (Month) 6 (Day) 9 (Year) 52

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single 8. DATE OF BIRTH Feb 24-1941 9. AGE (In years last birthday) 11 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student 10b. KIND OF BUSINESS OR INDUSTRY Student in School 11. BIRTHPLACE (State or foreign country) St Louis Mo 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME James J. New 13b. MOTHER'S MAIDEN NAME Alberda Rumpler 14. NAME OF HUSBAND OR WIFE Single

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. none 17. INFORMANT'S SIGNATURE OR NAME Robert New ADDRESS 6403 Barlow Affton Mo

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Death was caused by two

ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b) Fractures of skull in accident

DUE TO (c) on Highway 30 collission of two

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* Cars caused by B. Shotleman

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION E8164 050 26

20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT ✓ SUICIDE HOMICIDE (Specify) accidental 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway 30 21c. (CITY, TOWN, OR TOWNSHIP) Cedar Hill (COUNTY) Jefferson (STATE) Mo

21d. TIME OF INJURY (Month) 6 (Day) 9 (Year) 52 (Hour) 3:30 p.m. 21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒ 21f. HOW DID INJURY OCCUR? Collission on Bridge approach

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE Jas Long (Degree or title) Coroner 23b. ADDRESS RR 1 De Soto 23c. DATE SIGNED 6/9 52

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 24b. DATE 6-12-52 24c. NAME OF CEMETERY OR CREMATORY New Parker 24d. LOCATION (City, town, or county) St Louis (State) Mo

DATE REC'D BY LOCAL REG. 6-14-52 REGISTRAR'S SIGNATURE Ruth Jirsa 43 25. FUNERAL DIRECTOR'S SIGNATURE Schum Funeral Home ADDRESS 3125 Lafayette St Louis Mo

(Licensed Embalmer's Statement on Reverse Side)

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

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI
DATE RECEIVED JUN 26 1952

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 not embalmed

..... Student Embalmer No. .....

working under my personal supervision.

Student ..... Student Embalmer

Signed [signature]

Licensed Embalmer No. 1470

P. O. Address Horse Springs

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.