

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JUL 22 1952

6336

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>6336</b>	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b> <b>2257</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Louis State Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>225 So. Broadway</b>			
3. NAME OF DECEASED (Type or Print) <b>JAMES</b>		a. (First)		b. (Middle) <b>P.</b>		c. (Last) <b>Newcomb</b>	
4. DATE OF DEATH (Month) (Day) (Year) <b>June 28 1952</b>		5. SEX <b>male</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <b>single</b>	
8. DATE OF BIRTH <b>4/10/85</b>		9. AGE (In years last birthday) <b>67</b>		10. MONTHS <b>2</b>		11. DAYS <b>10</b>	
12. HOURS <b>10</b>		13. MIN. <b>10</b>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Pinsetter</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Bowling Alley</b>	
11. BIRTHPLACE (City and State or Foreign Country) <b>Kentucky /</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>		13a. FATHER'S NAME <b>Joe Newcomb</b>		13b. MOTHER'S MAIDEN NAME <b>Anna Smith</b>	
14. NAME OF HUSBAND OR WIFE <b>None</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>yes P.I.</b>		16. SOCIAL SECURITY NO. <b>Unknown</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Hospital Records</b>	
17. ADDRESS <b>None</b>		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>Arteriosclerotic brain disease</b>				INTERVAL BETWEEN ONSET AND DEATH <b>6 yrs. x</b>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Broncho Pneumonia</b>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				DUE TO (c)			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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)		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 <b>Sept 30 1916</b> , to <b>June 28 1952</b> , that I last saw the deceased alive on <b>June 28 1952</b> , and that death occurred at <b>1:30a m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>Jack R. Ridgeway</b>				23b. ADDRESS <b>5400 Arsenal St.</b>		23c. DATE SIGNED <b>6/28/52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>7-2-52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis Co., Mo.</b>	
DATE REC'D BY LOCAL REG. <b>JUL 2 1952</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Morrell Funeral Home</b>		ADDRESS <b>4212 St. Louis</b>	

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

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(Licensed Embalmer's Statement on Reverse Side)

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

*J. Wm. Dumbler*

Licensed Embalmer No. *3653*

P. O. Address *St. Louis Mo*

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.