

FILED JUL 2 - 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23057

State File No.

318

1003

Registrar's No. 5833

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		State File No.		
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY				
b. CITY (If outside corporate limits, write RURAL and give town) <u>ST. LOUIS Mo</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>ST. LOUIS</u>		2239		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2618 - S. 13th</u>				d. STREET ADDRESS (If rural, give location) <u>2618 S. 13th ST.</u>				
3. NAME OF DECEASED (First) <u>ALONZO</u> (Middle) <u>C.</u> (Last) <u>NEWELL</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 11 1953</u>					
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>DIVORCED</u>	8. DATE OF BIRTH <u>SEPT. 8 1868</u>		9. AGE (In years last birthday) <u>84</u>	IF UNDER 1 YEAR Months	IF UNDER 10 HRS. Days	
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		11. BIRTHPLACE (City and State or Foreign Country) <u>MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY?		
13a. FATHER'S NAME <u>CHARLES NEWELL</u>			13b. MOTHER'S MAIDEN NAME <u>MALISSA GORE</u>		14. NAME OF HUSBAND OR WIFE <u>UNKNOWN</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>HARRY NEWELL</u>				ADDRESS <u>2618 - S. 13th</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)								
MEDICAL CERTIFICATION								
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocardial Defeneration</u>								
INTERVAL BETWEEN ONSET AND DEATH <u>3 Mo.</u>								
*This does not mean the mode of dying, such as heart failure, asphyxia, 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) <u>Arteriosclerosis of Coronary Arteries</u> Yrs.								
DUE TO (c) <u>Senility</u>								
II. OTHER SIGNIFICANT CONDITIONS								
Conditions contributing to the death but not related to the disease or condition causing death.								
19a. DATE OF OPERATION <u>None</u>		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 <u>Jun 1946</u> , to <u>June 11, 1953</u> , that I last saw the deceased alive on <u>June 10, 1953</u> , and that death occurred at <u>9:30 Pm.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>Hollis Rhoades</u>		(Degree or title) <u>D.O.</u>		23b. ADDRESS <u>654 N. Kirkwood Rd., Kirkwood 22, Mo.</u>		23c. DATE SIGNED <u>6-18-53</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>JUNE 13 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>CALVARY CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS Mo</u>		
DATE REC'D BY LOCAL REG. <u>JUN 11 1953</u>		REGISTRAR'S SIGNATURE <u>J. Earl Smith M.D.</u>		F. FUNERAL DIRECTOR'S SIGNATURE <u>Thomas Kutis 2906 Gravois</u>				

(Licensed Embalmer's Statement on Reverse Side)

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 _____

Samuel C. Will

Licensed Embalmer No. _____

43474

P. O. Address _____

2906 Hawaii

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.