

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26740  
State File No. 6339

ED JUL 31 1953

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No.

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		c. CITY OR TOWN ST. LOUIS	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 5286a WATERMAN AVENUE		e. STREET ADDRESS (If rural, give location) 5286a WATERMAN AVENUE 2129 12	
3. NAME OF DECEASED (Type or Print) a. (First) ELEANOR b. (Middle) c. (Last) NEWMAN		4. DATE OF DEATH (Month) (Day) (Year) June 25, 1953	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH July 3, 1908
9. AGE (In years last birthday) 44		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Junior Executive	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY Banking	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Enbraim Newman		13b. MOTHER'S MAIDEN NAME Bertha Portner	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war and dates of service) No		16. SOCIAL SECURITY NO. 91-14-1698	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Bertha Newman-5286 Waterman Avenue
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) MYOCARDIAL INFARCTION ACUTE		INTERVAL BETWEEN ONSET AND DEATH 2 HRS.	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. BRONCHITIS CHRONIC 7 YRS	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. PLACE OF INJURY (Specify)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. HOW DID INJURY OCCUR? 4201	
22. I hereby certify that I attended the deceased from Nov 17, 1947, to June 25, 1953, that I last saw the deceased alive on Nov 8, 1952, and that death occurred at 3:30 P.M., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Robert Swanner M.D.		23b. ADDRESS Paul Brown Bldg	
23c. DATE SIGNED June 25 1953			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 6/26/53	
24c. NAME OF CEMETERY OR CREMATORY B'Nai Amoona Cemetery		24d. LOCATION (City, town, or township) (State) St. Louis County, Missouri	
DATE REC'D. BY LOCAL REG. JUN 25 1953		REGISTRAR'S SIGNATURE J. Earl Smith, M.D.	
25. FUNERAL DIRECTOR'S SIGNATURE Herman Rindskopf, Inc., 5216 Delmar Blvd.		ADDRESS	

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.....  
Signature of Student Embalmer

Signed *Peter B. Dubrouillard*

Licensed Embalmer No. *369*

P. O. Address *Richmond, Va.*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.