

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37464

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

FILED OCT 30 1953

State File No. _____
Registrar's No. **10112**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 10112			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis)		c. LENGTH OF STAY (in this place) lmo. 5dys		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION City Infirmary				e. STREET ADDRESS (If rural, give location) 23 805 Allen Ave					
3. NAME OF DECEASED (Type or Print) a. (First) Ainyel			b. (Middle) Thomas			c. (Last) Newman.			
4. DATE OF DEATH (Month) (Day) (Year) October 22, 1953.									
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH 2-1-1902			
9. AGE (In years last birthday) 51		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 2 HRS. Hours _____ Min. _____					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Paper Cutter			10b. KIND OF BUSINESS OR INDUSTRY Retired			11. BIRTHPLACE (City and State or Foreign Country) Mo.			
12. CITIZEN OF WHAT COUNTRY? U.S.A.									
13a. FATHER'S NAME Abe Newman			13b. MOTHER'S MAIDEN NAME Louise Anderson			14. NAME OF HUSBAND OR WIFE Pearl Nickelson			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W.W.#2		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Pearl Newman, 805 Allen, St. Louis, Mo.					
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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary embolism									
ANTECEDENT CAUSES				DUE TO (b) Hypertensive arteriosclerotic					
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c) cardio vascular disease					
II. OTHER SIGNIFICANT CONDITIONS				Conditions contributing to the death but not related to the disease or condition causing death.					
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) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 443x					
22. I hereby certify that I attended the deceased from Sept. 17, 1953 , to Oct. 22, 1953 , that I last saw the deceased alive on Oct. 22, 1953 , and that death occurred at 11:15 Pm. , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Palmer Aronson Bowdich M.D.				23b. ADDRESS 5800 Arsenal St.		23c. DATE SIGNED 10-23-53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 10-26-1953		24c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri			
DATE REC'D BY LOCAL REG. OCT 23 1953		REGISTRAR'S SIGNATURE J. Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS McLaughlin Funeral Home, Inc. 2301 Lafayette, St. Louis 4, Missouri					

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.....

James R. Chapman

Licensed Embalmer No...4...

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.