

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

37466

FILED OCT 27 1953

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **8885**

1. PLACE OF DEATH a. COUNTY _____ b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis c. LENGTH OF STAY (in this place) 3 wks.		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY St. Louis c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN University City d. STREET ADDRESS (If rural, give location) 905 Eastgate	
d. FULL NAME OF HOSPITAL OR INSTITUTION Barnes Hosp.		d. STREET ADDRESS (If rural, give location) 905 Eastgate	

3. NAME OF DECEASED (Type or Print) a. (First) EDWARD b. (Middle) W. c. (Last) NEWMAN			4. DATE OF DEATH (Month) (Day) (Year) Sept. 12, 1953			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 9, 1891	9. AGE (In years last birthday) 61	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 48 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Meat cutter		10b. KIND OF BUSINESS OR INDUSTRY Retail Grocery		11. BIRTHPLACE (City and State or Foreign Country) New York N.Y.		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Jos. Newman	13b. MOTHER'S MAIDEN NAME Theresa Unk	14. NAME OF HUSBAND OR WIFE Helen
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. Unk.	17. INFORMANT'S SIGNATURE OR NAME Helen Newman ADDRESS 905 Eastgate

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac arrest while undergoing prostatectomy ANTECEDENT CAUSES undergoing prostatectomy Morbid conditions, if any, giving rise to the above cause (c) stating the underlying cause last. DUE TO (b) at Barnes Hospital, Sept. 12, 1953 - Accident II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH
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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) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) hosp.	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo.
21d. TIME OF INJURY 9/2/53	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? See above E950x

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 _____, 19____, from the causes and on the date stated above. 46

23a. SIGNATURE (Degree or title) Irvin K. Taylor, Coroner	23b. ADDRESS Box Clark	23c. DATE SIGNED 9/14/53
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 9/14/53	24c. NAME OF CEMETERY OR CREMATORY Chesed Shel Emeth
24d. LOCATION (City, town, or county) (State) University City Mo.	25. FUNERAL DIRECTOR'S SIGNATURE Berger Memorial ADDRESS 4715 McPherson	
DATE REC'D BY LOCAL REG. SEP 14 1953	REGISTRAR'S SIGNATURE J. Earl Smith, M.D.	

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

Lawrence J. Derr

Licensed Embalmer No. **3988**

P. O. Address _____

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.