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REG. 1463 SL 1246
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42669

State File No.

1003

Registrar's No. 11308

BIRTH FILED DEC 17 1954 REG. DIST. NO. 318 PRIMARY REG. DIST. 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 ILLINOIS b. COUNTY MADISON	
b. CITY (If outside corporate limits, write RURAL and give town) 915 North Grand Blvd. St. Louis 6, Missouri	c. LENGTH OF STAY (in this place) 202 days	c. CITY OR TOWN Granite City	d. 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 VETERANS ADMINISTRATION HOSP.		e. STREET ADDRESS (If rural, give location) 1318 RHODES STREET 8120	

3. NAME OF DECEASED (Type or Print) a. (First) AMOS b. (Middle) (NONE) c. (Last) NEWTON			4. DATE OF DEATH (Month) (Day) (Year) 12 10 54		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH 5-11-97	9. AGE (In years last birthday) 57	IF UNDER 1 YEAR Months 6	IF UNDER 24 HRS. Days Hours Min. 30
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Crane Operator		10b. KIND OF BUSINESS OR INDUSTRY Construction	11. BIRTHPLACE (City and State or Foreign Country) Mount Vernon, Illinois		12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME George Newton		13b. MOTHER'S MAIDEN NAME Susanna Ward		14. NAME OF HUSBAND OR WIFE None	
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes	16. SOCIAL SECURITY NO. WW-1 349 05 5030	17. INFORMANT'S SIGNATURE OR NAME VA HOSPITAL RECORD, ST. LOUIS, MO				ADDRESS
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ACUTE CARDIAC FAILURE DUE TO ARTERIOSCLEROTIC HEART DISEASE		INTERVAL BETWEEN ONSET AND DEATH 5 MINUTES
	ANTECEDENT CAUSES DUE TO (b) GENERALIZED ARTERIOSCLEROSIS		25 YEARS
	DUE TO (c) DIABETES MELLITUS		25 YEARS
	II. OTHER SIGNIFICANT CONDITIONS INTERCAPILLARY GLOMERULOSCLEROSIS		1 YEAR

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) None	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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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? 4200
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22. I hereby certify that I attended the deceased from 5-22-54, 19 54, to 12-10-54, 19 54, that I last saw the deceased alive on 12-10-54, 19 54, and that death occurred at 8:30 a. m., from the causes and on the date stated above.

23a. SIGNATURE LEONARD S. KOPP Leonard J. Kopp, M.D.	23b. ADDRESS VAH, ST. LOUIS, MISSOURI	23c. DATE SIGNED 12-10-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12-14-54	24c. NAME OF CEMETERY OR CREMATORY St. John's	24d. LOCATION (City, town, or county) (State) Granite City, Ill.
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DATE REC'D BY LOCAL REG. DEC 13 1954	REGISTRAR'S SIGNATURE [Signature]	FUNERAL DIRECTOR'S SIGNATURE [Signature]	ADDRESS Madison, Ill.
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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 emb^{NOT}

by me, or by, Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *John T. Sedach*

Licensed Embalmer No. *374*

P. O. Address *Madison*

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