

FILED FEB 7 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2908

State File No.

318

PRIMARY REG. DIST. NO. 1003 Registrar's No. 0732

BIRTH NO. _____ REG. DIST. NO. _____

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 town) OR TOWN St. Louis		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Lukes Hospital <i>0</i>			STREET ADDRESS (If rural, give location) 2059 5895 Enright Ave.		
3. NAME OF DECEASED (Type or Print) a. (First) William		b. (Middle) M.	c. (Last) Newberry	4. DATE OF DEATH (Month) (Day) (Year) Jan. 22 1955	
5. SEX Male <i>0</i>	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 21 1890	9. AGE (In years last birthday) 64	IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk		10b. KIND OF BUSINESS OR INDUSTRY City of St. Louis	11. BIRTHPLACE (City and State or Foreign Country) St. Louis Mo. <i>0</i>	12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME Chas. C. Newberry		13b. MOTHER'S MAIDEN NAME Josephine Thias		14. NAME OF HUSBAND OR WIFE Fay Newberry	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, name unknown) (If yes give year or dates of service) Yes W.W.I		16. SOCIAL SECURITY NO. 498-03-0599	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Fay Newberry 5895 Enright Ave.		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Sepsis of small intestine due to strangulation</i>	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)				4 days
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	DUE TO (c) <i>Advanced cerebral arteriosclerosis</i>				6 yrs.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	19a. DATE OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
19b. MAJOR FINDINGS OF OPERATION	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)		21f. HOW DID INJURY OCCUR? 5703
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	22. I hereby certify that I attended the deceased from 1945 to Jan. 15, 1955, that I last saw the deceased alive on Jan. 15, 1955, and that death occurred at 6:00 P.M. from the causes and on the date stated above.			
23a. SIGNATURE <i>George W. Thue</i> (Degree or title) <i>M.D.</i>		23b. ADDRESS 3720 Washington Blvd.		23c. DATE SIGNED 1-25-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1/26/55	24c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cemetery St. Louis MO.	24d. LOCATION (City, town, or county) (State)		
DATE REC'D BY LOCAL REG. JAN 25 1955	REGISTRAR'S SIGNATURE <i>J. Carl Smith M.D.</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Sullivan's 2849 N. Euclid Ave.			

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300

10-48

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 *Albert Mayfield*.....

Licensed Embalmer No. *307*.....

P. O. Address *St. Louis*.....

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.