

FILED DEC 2 1955

## STANDARD CERTIFICATE OF DEATH

State File No. 10316

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 378 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10316

|   |                    |   |   |   |   |
|---|--------------------|---|---|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY  |                    |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE Missouri b. COUNTY |   |   |
| b. CITY (If outside corporate limits, write RURAL and give 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 checked="" type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Pac. Hosp.  |                    |   | STREET ADDRESS (If rural, give location) 4 5438 Pernod Ave 2149   |   |   |
| 3. NAME OF DECEASED<br>(Type or Print) a. (First) Mark b. (Middle) John c. (Last) Newport   |                    | 4. DATE OF DEATH (Month) (Day) (Year) 11 5 1955   |   |   |   |
| 5. SEX M  | 6. COLOR OR RACE W | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married  | 8. DATE OF BIRTH April 10, 1893   |   | 9. AGE (In years last birthday) 62 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) Chief Clerk Mo. Pac.  |                    | 10b. KIND OF BUSINESS OR INDUSTRY Traffic Dept.   | 11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.   |   | 12. CITIZEN OF WHAT COUNTRY U.S.  |
| 13a. FATHER'S NAME Lawrence P. Newport  |                    | 13b. MOTHER'S MAIDEN NAME Mary Jane Anson   |   | 14. NAME OF HUSBAND OR WIFE Laura Lee Newport                                   |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes   |                    | 16. SOCIAL SECURITY NO. none  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mack Newport Jr 5438 Pernod   |   |   |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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) Myocardial Infarction<br>ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Dis.<br>DUE TO (c) |   |   | INTERVAL BETWEEN ONSET AND DEATH 2 weeks<br>years   |
| 19a. DATE OF OPERATION  |                    | 19b. MAJOR FINDINGS OF OPERATION 4200<br>Heart  |   | 20. AUTOPSY YES <input checked="" type="checkbox"/> NO <input 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)   |                    | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  | 21f. HOW DID INJURY OCCUR   |   |   |
| 22. I hereby certify that I attended the deceased from Nov. 8, 1955, to Nov 25, 1955, that I last saw the deceased alive on Nov. 24, 1955, and that death occurred at 2:30 a.m., from the causes and on the date stated above.  |                    |   |   |   |   |
| 23a. SIGNATURE Clement J. Sullivan M.D.   |                    |   | 23b. ADDRESS Mo. Pac. Hosp. Assn.   |   | 23c. DATE SIGNED 11-26-55   |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial  | 24b. DATE 11/28/55 | 24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery   |   | 24d. LOCATION (City, town, or county) (State) St. Louis Mo                      |   |
| DATE REC'D BY LOCAL REG. NOV 26 1955  |                    | REGISTRAR'S SIGNATURE J. Earl Smith M.D.  |   | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Kriegshausner 4228 S. Kingshighway     |   |

(Licensed Embalmer's Statement on Reverse Side)

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.....  
Signature of Student Embalmer

Signed *Richard W. Stoveland*.....

Licensed Embalmer No. *40*.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If the body is embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.)