

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

42463

State File No. \_\_\_\_\_

FILED JAN 6 1956

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

Registrar's No. **11332**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis, Mo.</b>		c. CITY OR TOWN <b>St. Louis</b>	d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Incarnate Wd. Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>5707 Nottingham</b>	
3. NAME OF DECEASED (Type or Print) <b>Elizabeth Newman</b>		a. (First) b. (Middle) c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 22, 1955</b>
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>	8. DATE OF BIRTH <b>Oct. 3, 1873</b>
9. AGE (In years last birthday) <b>82</b>		f. UNDER 1 YEAR Months Days	g. UNDER 1 RES. Hour Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>none</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>none</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Illinois</b>	
12. CITIZEN OF WHAT COUNTRY <b>USA</b>		13a. FATHER'S NAME <b>S. Bunn</b>	13b. MOTHER'S MAIDEN NAME <b>Unknown</b>
14. NAME OF HUSBAND OR WIFE <b>Clarence A. Newman</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>non</b>
17. INFORMANT'S SIGNATURE OR NAME <b>Morris Newman</b>		ADDRESS <b>5707 Nottingham</b>	
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) <b>Cerebral thrombosis</b> INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b>  ANTECEDENT CAUSES DUE TO (b) <b>diabetes mellitus</b> DUE TO (c) <b>diabetes Mellitus.</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>arteriosclerosis 26 yrs</b>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>Arteriosclerosis</b>		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)	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 <b>Jan 10, 1945</b> , to <b>Nov 22, 1955</b> , that I last saw the deceased alive on <b>Nov 22, 1955</b> , and that death occurred at <b>11:50 p.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>N.M. FROST</b>	(Degree or title)	23b. ADDRESS <b>1703 S. Grand</b>	23c. DATE SIGNED <b>12-24-55</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b>	24b. DATE <b>12-27-55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Walnut Hill Cem.</b>	24d. LOCATION (City, town, or county) (State) <b>Belleville, Ill.</b>
DATE REC'D BY LOCAL REG. <b>DEC 27 1955</b>	REGISTRAR'S SIGNATURE <b>J. Earl Smith, M.D.</b>	FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Southern Funeral Home 6322 S. Grand Blvd., St. Louis, Mo.</b>	

No. J.B. (Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10-48

DR FREUND  
116 12 30  
1703 S. Grand  
Bung. Park

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 *Harley R. Kreller, Jr.*  
Licensed Embalmer No. 975

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.