

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39671

State File No. ....

FILED NOV 28 1956

9994

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's 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 <u>MISSOURI</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town) <u>ST. LOUIS</u>		c. CITY OR TOWN <u>ST. LOUIS</u>	
c. LENGTH OF STAY (in this place)		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 <u>NEWISH HOSPITAL</u>			
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
a. (First) <u>EFFIE</u>		b. (Middle)	
c. (Last) <u>NEWMAN</u>		(Month) (Day) (Year) <u>Nov. 1, 1956</u>	
5. SEX <u>Fem.</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH
	<u>Widowed</u>		<u>Unknown Oct. 89</u>
9. AGE (In years last birthday) <u>69</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired)	11. BIRTHPLACE (City and State or Foreign Country)
If UNDER 1 YEAR: Months Days		<u>AT HOME</u>	<u>Unknown</u>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	13c. NAME OF HUSBAND OR WIFE <u>Unknown</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>UNK.</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Social Service Records -</u>
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, asthma, etc. It means the disease, injury, or complication which caused death.			
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fracture of the Right Hip</u>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Generalized Arterio Sclerosis</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Suffered in fall at the Jewish Hospital on October</u>			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>30th 1956. E904.7</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Roof</u>	21c. (CITY, TOWN, OR TOWNSHIP) <u>St. Louis Mo</u> (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Oct 30 56</u> m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>SP</u>	
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 <u>1050A</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Joseph M. Duran Deputy Registrar</u>		23b. ADDRESS <u>1300 Clark</u>	23c. DATE SIGNED <u>11/2/56</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REM</u>	24b. DATE <u>11/2/56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MT. SINAI Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS COUNTY, MO</u>
DATE REC'D BY LOCAL REG. <u>NOV 2 1956</u>	REGISTRAR'S SIGNATURE <u>Carl Smith Mo</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Herman Rindskeopf, Inc - 5216 Bldg</u>	

(Licensed Embalmer's Statement on Reverse Side)

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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.....  
*John Kerttas*

Licensed Embalmer No. *3886*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.