

1. PLACE OF DEATH
 a. COUNTY MISSOURI b. COUNTY ST. LOUIS
 c. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits Yes No
 OR MAPLEWOOD 4534
 TOWN Yes No
 FULL NAME OF (If NOT in hospital, give location) Length of stay in lb
 HOSPITAL OR 35 V.A. HOSPITAL 14 DAYS
 INSTITUTION 27 STREET ADDRESS 2281 YALE (If outside, give location) Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last
 GEORGE L. NEWMAN
 (Type or print)
 4. DATE OF DEATH Month Day Year
 9-23-57
 5. SEX MALE 6. COLOR OR RACE WHITE 7. MARRIED NEVER MARRIED
 WIDOWED DIVORCED
 8. DATE OF BIRTH 1-19-93 9. AGE (In years last birthday) 64
 IF UNDER 1 YEAR IF UNDER 24 HRS.
 Months Days Hours Min.
 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) UNEMPLOYED SALESMAN
 10b. KIND OF BUSINESS OR INDUSTRY UNKNOWN
 11. BIRTHPLACE (City and state or country) ST.-LOUIS, MO.
 12. CITIZEN OF WHAT COUNTRY? USA
 13. FATHER'S NAME WILLIAM T. NEWMAN
 14. MOTHER'S MAIDEN NAME ALICE PIERSON
 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW-1
 16. SOCIAL SECURITY NO. UNKNOWN
 17. INFORMANT VA HOSP. RECORDS. 915 N. GRAND, ST. LOUIS, MO. Address

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) MYOCARDIAL INFARCTION
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) MARKED CORONARY ARTERY ARTERIOSCLEROSIS
 DUE TO (c) UNKNOWN
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)
 OLD CYSTIC INFARCT OF RIGHT CEREBRAL HEMISPHERE 420.1
 INTERVAL BETWEEN ONSET AND DEATH UNKNOWN
 19. WAS AUTOPSY PERFORMED? YES NO

20a. ACCIDENT SUICIDE HOMICIDE
 NONE
 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
 20c. TIME OF INJURY Hour Month, Day, Year
 a. m. p. m.
 20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK
 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
 20f. CITY, TOWN, OR LOCATION COUNTY STATE
 21. VA attended the deceased from 9-9-57 to 9-23-57 and last saw him alive on 9-23-57
 Death occurred at 5:45 p. m. on the date stated above; and to the best of my knowledge, from the causes stated

22a. SIGNATURE (Degree or title) M.D. 22b. ADDRESS VAH, 915 N. GRAND, ST. LOUIS, MO. 22c. DATE SIGNED 9-23-57
 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal 23b. DATE 9-26-1957 23c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery 23d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.

24. FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE
 Alexandra G. Soren 6175 Selman SEP 25 57 J. Carl Smith, M.D.
 (Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Joseph E. McCullough*

Licensed Embalmer No. 246

P. O. Address 61758

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.