

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-027292
STATE FILE NUMBER

FILED JUL 18 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6897

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN Dallas <i>84208</i>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Jewish Hospital		d. STREET ADDRESS (If outside, give location) 5823 Santa Fe Ave.	
3. NAME OF DECEASED (Type or print)		4. DATE OF DEATH	
First OZRO Middle LEO Last NEWTON		Month July Day 10 Year 1958	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH March 1, 1912
9. AGE (In years birth day) 46		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) National Representative		10b. KIND OF BUSINESS OR INDUSTRY Frozen Foods Products	
11. BIRTHPLACE (City and state or country) Hamilton Co., Texas		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Esto E.E. Newton		13b. MOTHER'S MAIDEN NAME Allie Mae Manning	
13c. NAME OF HUSBAND OR WIFE Edna		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. Unknown	
17. INFORMANT Edna Newton		Address 5823 Santa Fe Ave. - Dallas, Texas	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) BLEEDING ESOPHAGEAL VARICES Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) CIRRHOSIS OF LIVER DUE TO (c) 581.0			INTERVAL BETWEEN ONSET AND DEATH 10 days
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 1/1 HYPERSPLENISM. 2/ ESOPHAGOTOMY + GASTROTOMY			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 6/30/58 to 7/10/58 and last saw him alive on 7/9/58 Death occurred at about 3 A. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE David Feldman (Degree or title)		22b. ADDRESS 539 N. GRAND, ST. LOUIS, MO.	
22c. DATE SIGNED 7/10/58		22d. SIGNATURE Carl Smith	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 7-10-58	
23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State) Dallas, Texas	
24. FUNERAL DIRECTOR Albert H. Hoppe, 4700 Washington Blvd.		25. DATE RECD. BY LOCAL REG. JUL 10 '58	
26. REGISTRAR'S SIGNATURE Carl Smith		26. REGISTRAR'S SIGNATURE mdb	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

...no symptoms will be listed.

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 Elton R. Penelua

Licensed Embalmer No. 4283

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.