

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-019483  
STATE FILE NUMBER

FILED MAY 18 1959 Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar No. 4496

300  
1-57  
19  
654  
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|--|--|---|---|
| 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, give TOWNSHIP only)<br>OR<br>TOWN St. Louis  |  | c. CITY OR TOWN St. Louis   |   |
| Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |  | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |   |
| 3. FULL NAME OF DECEASED (If not in hospital, give location)<br>HOSPITAL OR INSTITUTION Little Sisters 3400 S. Grand Bl.   |  | 4. STREET ADDRESS (If outside, give location)<br>3400 S. Grand Bl.  |   |
| Length of stay in lb 14 years  |  | Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>   |   |
| 3. NAME OF DECEASED (Type or print)<br>First Middle Last<br>FRANCES NEWSHAM  |  | 4. DATE OF DEATH<br>Month Day Year<br>May 5, 1959   |   |
| 5. SEX<br>Female   | 6. COLOR OR RACE<br>White  | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br>May 27, 1864  |
| 9. AGE (In years last birthday)<br>94  |  | 10. FUNDING YEAR<br>Months Days Hours Min.  |   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>At home   |  | 10b. KIND OF BUSINESS OR INDUSTRY<br>None   |   |
| 11. BIRTHPLACE (City and state or country)<br>St. Louis, Missouri  |  | 12. CITIZEN OF WHAT COUNTRY?<br>U.S.A.  |   |
| 13a. FATHER'S NAME<br>Noltemeier   |  | 13b. MOTHER'S MAIDEN NAME<br>unknown  |   |
| 14. NAME OF HUSBAND OR WIFE<br>Deceased Louis R. Newsham   |  |   |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br>No None   |  | 16. SOCIAL SECURITY NO.<br>None   |   |
| 17. INFORMANT<br>Mrs. Lillian Busche, 3923 S. Grand Bl   |  | Address   |   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) Arteriosclerotic heart disease<br>generalized arteriosclerosis<br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)<br>DUE TO (c) 420.0 |  |   | INTERVAL BETWEEN ONSET AND DEATH<br>years<br>years  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  |  |   | 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 20a. ACCIDENT SUICIDE HOMICIDE<br><input type="checkbox"/> <input type="checkbox"/> <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<br>Hour Month, Day, Year<br>a.m.<br>p.m.   |  |   |   |
| 20d. INJURY OCCURRED WHILE AT WORK <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 January 1, 1959 to May 5, 1959 and last saw her/him alive on May 4, 1959<br>Death occurred at 6:45 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.  |  |   |   |
| 22a. SIGNATURE (Degree or title)<br>Raymond A. Meyers  |  | 22b. ADDRESS<br>8059 Watson Road,   |   |
| 22c. DATE SIGNED<br>5-6-59   |  |   |   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br>Burial  | 23b. DATE<br>5-8-59  | 23c. NAME OF CEMETERY OR CREMATORY<br>Calvary Cemetery  | 23d. LOCATION (City, town, or county) (State)<br>St. Louis, Missouri                              |
| 24. FUNERAL DIRECTOR<br>Stock Mortuary, 2117 E. Grand Blvd.  |  | 25. DATE RECD. BY LOCAL REG.<br>MAY 7 '59   | 26. REGISTRAR'S SIGNATURE<br>Loal Smith, M.D.<br>206B.  |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 *Paul A. Wachter* .....

Licensed Embalmer No. *4787* .....

P. O. Address *Shannon* .....

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.