URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-009126

FILED VS MAR 3 1960

AMENDED

Registration District No. 317 Primary Registration District No. 531 Registrar's No. 492

STATE FILE NUMBER

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN University City
Length of stay in 1b: 2 yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 7948 Delmar
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY St. Louis
c. CITY OR TOWN University City
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 7948 Delmar
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: AGNES Middle: Last: NEWELL
4. DATE OF DEATH Month Day Year: February 12, 1960
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 10-27-93
9. AGE (last birthday): 66
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: HOME
11. BIRTHPLACE (City and state or country): St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: John A. Hayes
13b. MOTHER'S MAIDEN NAME: Clementine Ross
14. NAME OF HUSBAND OR WIFE: Leslie E. Newell
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Leslie E. Newell Address: 7948 Delmar

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Sarcoma, lung
INTERVAL BETWEEN ONSET AND DEATH: 8 mo
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown
19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
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. I attended the deceased from 12/7/59 to 2/12/60 and last saw her alive on 2/5/60
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 W. C. Mooney Jr. (Degree or title) MD
22b. ADDRESS 634 No Grand
22c. DATE SIGNED 2/13/60
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 2-15-60
23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery
23d. LOCATION (City, town, or county) (State) St. Louis, Mo.
24. FUNERAL DIRECTOR Kriegshauser ADDRESS 9450 Olive Str. Rd.
25. DATE RECD. BY LOCAL REG. 2-13-60
26. REGISTRAR'S SIGNATURE John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed R.W. Stoversand

Signature of Student Embalmer

Licensed Embalmer No. 4007

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to cor 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.