

VS JAN 16 1961
 AMENDED

318

1003

260

-61-003488
 STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY _____	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 1310^a N. Kingshighway St. Louis 18 Mo		c. CITY OR TOWN St. Louis	
Length of stay in 1b 150 yrs		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 1310a N. Kingshighway		d. STREET ADDRESS 1310 N. Kingshighway 1310 N. Kingshighway	
Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Pearl Middle _____ Last Newman			4. DATE OF DEATH Month Jan. Day 9 Year 1961		
5. SEX Female	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 10/8/1897	9. AGE (last birthday) 63	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Practical Nurse & Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Memphis Tenn.	12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Jessie J. Roberson		13b. MOTHER'S MAIDEN NAME Laura Phiffer		14. NAME OF HUSBAND OR WIFE BEN Newman	
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. None		17. INFORMANT MRS. Gansman. 1310^a N. Kingshighway	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
 PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) **Decompensation of Heart**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) **Acute Leukemia**

DUE TO (c) **204.3**

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Lobar Pneumonia

PART III. If deceased was female was there a pregnancy in last 90 days.
 Yes No Unknown

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.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____

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
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21. I attended the deceased from **Dec. 2, 1960** to **Jan. 9, 1961** and last saw her/him alive on **Jan. 6, 1961**
 Death occurred at **7:45 AM - Jan. 9, 1961** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE G. J. Shepherd M.D.	(Degree or title)	22b. ADDRESS 1259^a N. Kingshighway St. Louis Mo.	22c. DATE SIGNED Jan. 9, 61
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23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 1/11/61	23c. NAME OF CEMETERY OR CREMATORY Bellefontaine	23d. LOCATION (City, town, or county) (State) St. Louis, Mo.
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24. FUNERAL DIRECTOR Berger Memorial 4715 McPherson	ADDRESS	25. DATE RECD. BY LOCAL REG. JAN. 10 1961	26. REGISTRAR'S SIGNATURE Earl Smith, M.D.
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DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

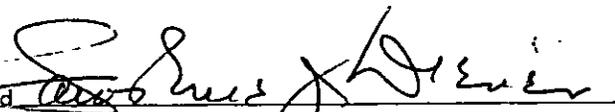
BY AFFIDAVIT OF

ITEM NO. SHOULD READ

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  _____
Signed

Licensed Embalmer No. 3988

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.