

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-032749  
STATE FILE NUMBER  
62-032749

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7756

DO NOT WRITE ON THIS STUB

AMENDED

**FILED AUG 22 1962**

1. PLACE OF DEATH  
a. COUNTY ST. LOUIS

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 ST. LOUIS Length of stay in lb

c. CITY OR TOWN ST. LOUIS Inside Limits Yes  No

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Homer G. Phillips Inside Limits Yes  No

d. STREET ADDRESS (If outside, give location) 5877 Colebillinte Reside on Farm Yes  No

3. NAME OF DECEASED First Middle Last 4. DATE OF DEATH Month Day Year  
Nathetta Nathetta Newman Newman Aug 4 1962

5: SEX Female 6. COLOR OR RACE Negro 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH Nov 15, 1933 9. AGE (last birthday) 28 IF UNDER 1 YEAR Months Days 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 11. BIRTHPLACE (City and state or country) St. Louis MO 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Nathaniel Avery 13b. MOTHER'S MAIDEN NAME Walterine Avery 14. NAME OF HUSBAND OR WIFE Theodore NEWMAN Address 5877 Colebillinte

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No 16. SOCIAL SECURITY NO. 17. INFORMANT Theodore Newman

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a) Diabetes Mellitus  
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) 260X 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 \_\_\_\_\_ to \_\_\_\_\_ and last saw her/him alive on \_\_\_\_\_  
Death occurred at \_\_\_\_\_ 145 P on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Helen L. Taylor, Coroner 22b. ADDRESS 1300 Clark Ave. 22c. DATE SIGNED 8-8-62

23a. BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE 8/10/62 23c. NAME OF CEMETERY OR CREMATORY WASHINGTON PARK 23d. LOCATION (City, town, or county) ST. LOUIS CO., MO. (State)

24. FUNERAL DIRECTOR W. ROBINSON & SONS, ADDRESS 2911 Franklin 25. DATE RECD. BY LOCAL REG. AUG 8 1962 26. REGISTRAR'S SIGNATURE Earl Smith, M.D.

VS 300 Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

77

**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

*F. A. Green*

Licensed Embalmer No.

*2963*

P. O. Address

*4214 Delmar*

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.