

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

34937

1. PLACE OF DEATH

County.....

Registration District No. 1003

Township.....

Primary Registration District No. 1003

City St. Louis

No. 1925 2nd Sarah

File No. 10323

Registered No. 10323

St. Ward

2. FULL NAME

(a) Residence. No. Helen N Newman

(Usual place of abode)

St. 11 Ward

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Paul Newman

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

June 23rd 1888

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day,hrs. ormin.

42

4

6

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

at Home

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Mo

10. NAME OF FATHER

Tom Poirier

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Mo

12. MAIDEN NAME OF MOTHER

Mary Fitzpatrick

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Mo

14.

INFORMANT

(Address)

Paul Newman

1925 2nd Sarah St

15.

FILED

1927 31 100

Max C. Starker

REGISTRAR

2. MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 29 1930

17.

I HEREBY CERTIFY, That I attended deceased from April 18 1929 to Oct 29 1930 that I last saw h.l.a. alive on Oct 28 1930 and that death occurred, on the date stated above, at 120 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis

(duration) 1 yrs. 6 mos. ds.

CONTRIBUTORY (SECONDARY)

Chronic Nephritis

(duration) 1 yrs. 6 mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

Place of death

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?

Physical Exam

(Signed)

Eugene J. Javans, M. D.

Oct 29, 1930 (Address) 539 No. Grand

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Cabany

11-1 1930

20. UNDERTAKER

ADDRESS

Arthur J. Donnelly 2039 Ward St

20. Jan 1954

3529 F. m. 11.00 am

Je 9284