

MAR 3 1937

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

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City..... St. Louis

Registration District No. 791
Primary Registration District No. 1003
(No. Alexian Bros. Hospital)

File No. 8648
Registered No. 2109
St. Ward)

2. FULL NAME

Jacob O. Newmann

(a) Residence, No. 3547 S. Jefferson Ave., 24 Ward.
(Usual place of abode)

(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 Male 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 Louise Newmann

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 31st, 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78 8 18

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired (5) years
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Foreman MEDART PULLEY CO.
10. Date deceased last worked at this occupation (month and year) total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Denmark 2413. NAME Jacob Newmann 3114. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 3115. MAIDEN NAME Unknown16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown17. INFORMANT Louise Newmann
(ADDRESS) 3547 S. Jefferson Ave.18. BURIAL, CREMATION, OR REMOVAL PLACE Sunset Burial Pl. 2/20/3719. UNDERTAKER Wacker-Heldrele
(ADDRESS) 2331 S. Broadway20. FILED J. P. Bredeck
Registrar

FEB 20 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 18th, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 6 - 1937 to Feb 18 - 1937
I last saw him alive on Feb 18 - 1937 Death is said to have occurred on the date stated above, at 9.10 P.M.
The principal cause of death and related causes of importance were as follows:
Myocarditis Chronic Date of onset

Other contributory causes of importance:

Name of operation Diabetic Abscess, Urinary Calculi Date of 2/15/37
What test confirmed diagnosis? Diabetic Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Yes
If so, specify Diabetic
(Signed) W. S. Moore M. D.
(Address) 729 Grand Bldg.

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.

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