

REC'D OCT 12 1938

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

30620

Do not use this space.

791
1008

1. PLACE OF DEATH

(a) County.....
(b) Township.....
(c) City St. Louis (d) Street No. Homer Phillips Hospital St.
unknown death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

Registered No. 80572. PRINT FULL NAME William Newton

(a) Residence, No. 1412 Papin St. 22
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE C 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 8, 19385A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF unknown22. I HEREBY CERTIFY, That I attended deceased from Aug. 26, 1938, to Sept. 8, 19386. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 1, 1888I last saw him alive on Sept. 8, 1938 Death is said

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
50 8 7

to have occurred on the date stated above, at 10:35a m.

The principal cause of death and related causes of importance were as follows:

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. nil
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

Hypertensive heart diseaseDate of onset 8/26/3812. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texas

Other contributory causes of importance:

Cerebral accident13. NAME unknown14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown15. MAIDEN NAME unknown16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown17. INFORMANT (ADDRESS) Evelyn Hilliard
2601 N Whittier18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Pk. DATE 9/12/ 193819. FUNERAL DIRECTOR (NAME) (ADDRESS) A. Russell
2732 Pine St20. FILED SEP 12 1938 J. D. Bredbeck Local Registrar

Name of operation..... Date of.....

What test confirmed diagnosis? clinical Was there an autopsy? no

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?.....

If so, specify.....

(Signed) A. J. Lyman M. D.(Address) 2601 N Whittier

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,

Joel Russell

or by

Registered Apprentice No. _____, working under my personal supervision.

Signed

Joel Russell

Licensed Embalmer No. 2115

P.O. Address 2732 Pine

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 this body is not embalmed, above space should be left blank.