

RECORDED MAY 10 1939

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

13219  
Do not use this space.

791  
1008

Registered No. 3561

1. PLACE OF DEATH

(a) County ..... Registration District No. ....  
(b) Township ..... Primary Registration District No. ....  
(c) City or St. Louis ..... (d) Street No. St. Anthony's Hospital. .... St.  
(If 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.

2. PRINT FULL NAME Ephraim Newman

(a) Residence, No. 5286a Waterman St. 12  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 Bertha Newman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 15, 1878

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
60 7 2

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Real Estate.  
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 .....

12. BIRTHPLACE (CITY OR TOWN) Galicia (STATE OR COUNTRY) Poland

13. NAME Hyman Newman

14. BIRTHPLACE (CITY OR TOWN) Galicia (STATE OR COUNTRY) Poland

15. MAIDEN NAME Helen (UNK)

16. BIRTHPLACE (CITY OR TOWN) Galicia (STATE OR COUNTRY) Poland

17. INFORMANT Harold Newman (ADDRESS) 5286a Waterman

18. BURIAL, CREMATION, OR REMOVAL PLACE Bnai Amoona DATE 4/18/39

19. FUNERAL DIRECTOR (NAME) H.B. Berger (ADDRESS) 4715 McPherson

20. FILED APR 18 1939 J.D. Brudick Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 17 1939

22. I HEREBY CERTIFY, That I attended deceased from Apr 11 1938, to Apr 17 1939

I last saw him alive on Apr 17 1939 Death is said to have occurred on the date stated above, at 10:30 AM  
The principal cause of death and related causes of importance were as follows:

Coronary Arteriosclerosis of stomach  
Date of onset Apr 1938

Other contributory causes of importance: Arterio Sclerosis General

Name of operation none Date of .....  
What test confirmed diagnosis? X-Ray 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? No

If so, specify Robert E. Warner, M. D.  
(Signed) (Address) 1115 Paul Brown Bldg St Louis mo

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.

**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 me

H. I. Berger, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed H. I. Berger

Licensed Embalmer No. 1597

P. O. Address 4715 McPherson

**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.**