

REGD OCT 4 1939 791

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County 2
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3944 Hinney av.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 years (Specify whether years, months or days)
In this community 10 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 1
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 3944 Hinney (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME BENJAMIN NEWMAN 557

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M. 5. Color or race Negro 6. (a) Single, widowed, married, divorced WIDOW

6. (b) Name of husband or wife UNKNOWN 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 15 - 43
(Month) (Day) (Year)

8. AGE: Years 56 Months 3 Days 9 If less than one day _____ hr. _____ min.

9. Birthplace Walden, Carroll, Miss.
(City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business _____

12. Name Benjamin Newman

13. Birthplace Walden, Carroll, Miss.
(City, town, or county) (State or foreign country)

14. Maiden name Blaise Lewis

15. Birthplace Walden, Carroll, Miss.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature B. Leslie Duncan

(b) Address 1802 Adams St. Hazelwood

17. (a) Removal (b) Date thereof Sept 27, 1939
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Carol's, Miss.

18. (a) Signature of funeral director English Und. Co

(b) Address 2931 Lucas Ave

19. (a) SEP 27 1939 (b) J. H. Braddock
(Date of local registration) (Signature of registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 24
year 1939 hour 11 PM minute _____ M.

21. I hereby certify that I attended the deceased from Sept 19 to Sept 24 1939
that I last saw him alive on Sept 24 1939
and that death occurred on the date and hour stated above.

Immediate cause of death systemic arteriosclerosis
Due to _____

Due to _____
Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work _____ (Specify type of place) (e) Means of injury _____

23. Signature C. M. Powell (M. D. or other)

Address 3744 a Hinney Date signed 9-25-39

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

FORM 1 1938

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 Raymond E. Gerke, Registered Apprentice No. _____ working under my personal supervision.

City license
180

Signed Raymond E. Gerke
Licensed Embalmer No. 3985
P. O. Address St. Louis, Mo

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.