

Registration District No. 1000 Primary Registration District No. _____

1. PLACE OF DEATH: St Louis MO FEB 17 1940
(a) County _____
(b) City or town _____
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: FIRMIN DELOFE HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME Newton De Witt
3. (b) If veteran, name war No 3. (c) Social Security No. NONE

4. Sex Male 5. Color of race White 6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife JOSEPHINE 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 10 9 1878
(Month) (Day) (Year)

8. AGE: Years 61 Months 3 Days 3 If less than one day _____ hr. _____ min.

9. Birthplace: NOKOMIS ILL
(City, town, or county) (State or foreign country)

10. Usual occupation PRESSER

11. Industry or business _____

MOTHER FATHER
12. Name RUBEN
13. Birthplace UNKNOWN
(City, town, or county) (State or foreign country)
14. Maiden name UNKNOWN
15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature CARLOS DEWITT
(b) Address ALEXANDER ILL

17. (a) _____ (b) Date thereof 1-15-40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation JACKSONVILLE ILL

18. (a) Signature of funeral director JOHN J. A. BARRETT
(b) Address 2819 UNION

19. (a) JAN 13 1940 (b) _____
(Date received local registrar) (Signature of registrar)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town St Louis 11
(If outside city or town limits, write "RURAL")
(d) Street No. 3917 Evans
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 12 + 4
year 1940 hour 6:00 minute 30 A.M.
21. I hereby certify that I attended the deceased from 1/5/40
_____, 19____, to 1/12, 1940
that I last saw him alive on 1/12
and that death occurred on the date and hour stated above.

Immediate cause of death Bilateral Pyelonephritis Duration _____
2 Multiple Abscesses - 2 Unmixed
Non Calculous

Due to Acute Splenic Tumor
non malignant

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

Major findings: _____
Of operations No operation
Of autopsy Dilatation of Right Heart

PHYSICIAN _____
Underline the cause to which death should be charged statistically

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 W. McDonald (M. D. or other) _____
Address 1325 So Grand Date signed 1/12/40

1935-1936 USE CHANGING DECK 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.

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.....

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

Signed Guy W. Wilkinson
Licensed Embalmer No. 3575

P. O. Address.....

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.