

Registration District No. 784 Primary Registration District No. 200

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

1. PLACE OF DEATH:
(a) County St. Louis,
(b) City or town Overland, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Berliner Nursing Home.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days.
(Specify whether
In this community _____
years, months or days) 3

3. (a) PRINT FULL NAME ARTHUR B. NEWMAN.
3. (b) If veteran, name war none. 3. (c) Social Security No. none.

4. Sex Male. 5. Color or race White 6. (a) Single, widowed, married, divorced Married.
6. (b) Name of husband or wife Louise G. Newman. 6. (c) Age of husband or wife if alive 72. years
7. Birth date of deceased July 21, 1863
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
77. 3 21 hr. _____ min.

9. Birthplace Fairport, New York.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired..

11. Industry or business Real Estate Agent.

MOTHER FATHER { 12. Name William M. Newman.

13. Birthplace New York.
(City, town, or county) (State or foreign country)

14. Maiden name Susan (Unknown).

15. Birthplace New York.
(City, town, or county) (State or foreign country)

16. (a) Informant Dr Harold G. Newman.
(b) Address 75 Lindworth Place.

17. (a) burial. (b) Date thereof 11/14/40.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Mathews Cemetery

18. (a) Signature of funeral director C. R. Lupton & Sons

(b) Address #7233 Delmar Bly'c.

19. (a) NOV 13 1940 (Date received local registrar)

(b) [Signature] (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Tennessee. (b) County _____
(c) City or town Memphis.
(If outside city or town limits, write "RURAL")
(d) Street No. #45 So. Tucker.
(If rural, give location)
0
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 12 day Nov.
year 1940 hour 3:30 minute P. M.

21. I hereby certify that I attended the deceased from Dec. 1938 to Nov 1940
that I last saw him alive on Nov. 10 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to arterio sclerosis 5 yrs.
hypertension 5 yrs.

Due to _____

Other conditions. gall
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

Duration
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 [Signature] (M. D. or other) M.D.

*Address 3720 Washington Date signed 11-12-40

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 Clarence H. Murra

Licensed Embalmer No. 4011

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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