No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 442

Registration District No. 7911 — Primary Registration District No. 1003 — Registrar's No. 442

0
7
9

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Lukes Hospital 0
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph 88

(c) City or town Cairo N.R.00
(If outside city or town limits, write "RURAL") 0

(d) Street No.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME Rolla Newton

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Josephine Newton

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased February 18, 1890
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
50	10	26	hr. min.

9. Birthplace Cairo 0 Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Operator

11. Industry or business Filling Station

FATHER
12. Name Frank Newton
13. Birthplace Cairo 0 Missouri
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown 9 Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Josephine Newton
(b) Address Cairo Missouri

17. (a) Burial (b) Date thereof 1/15/41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Moberly Missouri

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd. 8444

19. (a) JAN 15 1941 (b) J. H. Bridick
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 14
year 2 hour 10 minute 1 M.

21. I hereby certify that I attended the deceased from 1/7/41, 19 to 1/14/41, 19;
that I last saw him alive on 1/14/41, 19;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Brain Tumor Malignant 5	1 yr
Due to	
Due to	
Other conditions Hypertensive Heart Dis. (Include pregnancy within 3 months of death)	2-3 yrs.

Major findings:
Of operations Brain Tumor
Of autopsy Brain Tumor

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?
(Specify type of place)
While at work? (e) Means of injury 0

23. Signature R. D. Woolsey (M. D. or other) Md
Address 4952 Maryland Date signed 1/14/41

(Licensed Embalmer's Statement on Reverse Side)

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 Albert G Hoppe

Licensed Embalmer No. 2971

P. O. Address .....

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

If this body is not embalmed, fact should be so stated above.