

S. No. 2
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5-17-39
P-1 X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **30282**

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **7621**

1. PLACE OF DEATH:

(a) County St. Louis,
(b) City or town St. Louis,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Lukes Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 Months
(Specify whether years, months or days)

3. (a) PRINT FULL NAME LOUISE GOULD NEWMAN.
3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Arthur B. Newman
6. (c) Age of husband or wife if alive years
7. Birth date of deceased December 30, 1866
(Month) (Day) (Year)

8. AGE: Years 74 Months 8 Days 21
If less than one day, hr. min.

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

10. Usual occupation At home

11. Industry or business
12. Name Dr. J. M. Gould
13. Birthplace unknown New York
(City, town, or county) (State or foreign country)
14. Maiden name Lorraine Gould.
15. Birthplace unknown New York
(City, town, or county) (State or foreign country)

16. (a) Informant Dr. H.G. Newman.
(b) Address # 5 Lindworth Lane, LaDue Village
17. (a) Burial (b) Date thereof Sept. 23, 41
(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, Blvd.

19. (a) SEP 22 1941 (b) J. J. Bredbeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis,
(c) City or town LaDue Village, N. R. 12
(If outside city or town limits, write "RURAL")
(d) Street No. # 5 Lindworth Lane.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 21
year 1941 hour 7 minute 55 a.m.

21. I hereby certify that I attended the deceased from Apr. 6 to Sept 21
and that death occurred on the date and hour stated above. 1941

Immediate cause of death Degenerative Heart Disease
Due to arteriosclerosis
hypertension
Duration 6 mos
5 yrs
5 yrs

Other conditions none
(Include pregnancy within 9 months of death)

Major findings:
Of operations _____
Of autopsy BAE
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)
Means of injury 0
23. Signature J. J. Bredbeck (M. D. or other) MD
Address 3720 Washington Date signed 9-21-41

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

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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 A. Murray

Licensed Embalmer No. 4011

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, fact should be so stated above.