No. 2
4-13-40
5-17-39
P I X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

DEC 22 1941 791

Registration District No.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

36776
State File No.

Primary Registration District No. 1003

Registrar's No. 9006

994

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

1. PLACE OF DEATH:
(a) County Missouri
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Jewish Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Illinois (b) County Madison
(c) City or town Madison
(If outside city or town limits, write "RURAL")
(d) Street No. 2001 Beckwith
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Richard William Newton
3. (b) If veteran, name war NO
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 Bessie
6. (c) Age of husband or wife if alive 21 years
7. Birth date of deceased June (Month) 30 (Day) 1918 (Year)

8. AGE: Years 23 Months 4 Days 13 If less than one day hr. min.

9. Birthplace Madison (City, town, or county) Illinois (State or foreign country)
10. Usual occupation Student
11. Industry or business College
MOTHER FATHER
12. Name Clayton Tweedle Newton
13. Birthplace Raven Run (City, town, or county) Pen (State or foreign country)
14. Maiden name Lellah Postlet Hurst
15. Birthplace Pike County (City, town, or county) Ind (State or foreign country)
16. (a) Informant Clayton Newton
(b) Address Madison Ill
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 15 (Month) (Day) (Year)
(c) Place: burial or cremation St. John's Cemetery
18. (a) Signature of funeral director Francis J. Lakey
(b) Address 501 Madison Ave. Illinois
19. (a) NOV 13 1941 (Date received local registrar) (b) J. J. Broderick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 13 year 1941 hour 2 minute 30 AM.
21. I hereby certify that I attended the deceased from June 6 1940 to Nov. 13 1941 that I last saw him alive on Nov. 13 1941 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Subacute bacterial endocarditis	2 yrs
Due to: Rheumatic fever – mitral stenosis & regurgitation	
Due to:	
Other conditions (Include pregnancy within 3 months of death)	
Major findings of operations	
Of autopsy: as above	

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

23. Signature M. Norman Orgel (M. D. or other) M.D.
Address 4952 Maryland St. Louis Date signed 11/13/41

(Licensed Embalmer's Statement on Reverse Side)

MAR 7 1942

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 Francis J. Lahey

Licensed Embalmer No. 2792

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.