S. No. 2
M—1-4-41
v. 5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 31 1942

Registration District No. _____

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 12047

Primary Registration District No. 106

Registrar's No. 637

96
4
3

1. PLACE OF DEATH:

(a) County St. Louis,

(b) City or town Kirkwood
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: ------ 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ---
(Specify whether years, months or days)

In this community Three years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Kirkwood,
(If outside city or town limits, write "RURAL")

(d) Street No. 740 N. Dickson St.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Estella Newberry

3. (b) If veteran, name war ------

3. (c) Social Security No. ------

4. Sex F 1

5. Color or race W

6. (a) Single, widowed, married, divorced Divorced 2

6. (b) Name of husband or wife Harry Newberry

6. (c) Age of husband or wife if alive 7 years

7. Birth date of deceased 9 (Month) 24 (Day) 1892 (Year)

8. AGE: Years	Months	Days	If less than one day
49	5	25	hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. U (State or foreign country)

10. Usual occupation At home

11. Industry or business _____

FATHER
12. Name Fred Schott
13. Birthplace St. Louis (City, town, or county) Mo. U (State or foreign country)

MOTHER
14. Maiden name Clementine Berger
15. Birthplace St. Louis (City, town, or country) Mo. U (State or foreign country)

16. (a) Informant Fred Schott

(b) Address 22 Holly Dr., Jefferson City Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 21, 1942 (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcuns Cem.

18. (a) Signature of funeral director MITTELBERG FUNERAL HOME

(b) Address WEBSTER GROVES, MO.

19. (a) MAR 20 1942 (Date received by local registrar) (b) C. G. McGaran M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 19 year 1942 hour 12 minute 05 A.M.

21. I hereby certify that I attended the deceased from June 1938 to March 19, 1942 that I last saw her alive on March 19, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acute Cardiac Dilatation	1 day
Due to Chronic myocarditis	3 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations _____
Of autopsy _____

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 C. A. Leslie (M. D. or other) MD

Address Kirkwood Mo Date signed 3/19/42

(Licensed Embalmer's Statement on Reverse Side)

OCT 24 1945

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 Geo. 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, fact should be so stated above.