V. S. No. 2
DM—9-4-41
Rev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 7 1942

Registration District No. 291

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

1003

Primary Registration District No.

State File No. 12926

Registrar's No. 3660

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution:
Deaconess Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 7000

(c) City or town St. louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 5722 ~~Paplin~~ Pamplin 9
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Sally Newsom

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female/

5. Color or race White

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

6. (b) Name of husband or wife Raymond

6. (c) Age of husband or wife if alive 23 years

7. Birth date of deceased Aug (Month) 25 (Day) 1906 (Year)

8. AGE:

Years	Months	Days	If less than one day
35	7	27	hr. min.

9. Birthplace Desark (City, town, or county) 0 mo. (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace unknown (City, town, or county) 9 (State or foreign country)

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

16. (a) Informant Raymond H Newsom
(b) Address 5722 ~~Paplin~~ Pamplin

17. (a) removal (Burial, cremation, or removal) (b) Date thereof 4/25/42 (Month) (Day) (Year)
(c) Place: burial or cremation Granite City Ill

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

19. (a) APR 24 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature) PUU

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 22
year 1942 hour 6:30 minute P M.

21. I hereby certify that I attended the deceased from 10-9-41, 19, to 4-22, 1942
that I last saw her alive on 4-22, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia?

Due to

Due to

Other conditions Pregnancy. Acute Parenchymatous Nephritis
(Include pregnancy within 3 months of death)

Major findings:
Of operations Child birth

Of autopsy Consolidation Rt lung. Acute nephritis, old Mediastinum

Duration

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 L. M. Webb (M. D. or other) MD.

Address 4501 a Manchester Date signed 4-23-42

(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 Guy W. Wilkins

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.