

7167 JUN 20 1942 791

Registration District No. Primary Registration District No. Registrar's No.

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: City Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3-Mon.
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000
17

(c) City or town St. Louis 921
(If outside city or town limits, write "RURAL")

(d) Street No. 1421 Hogan St.
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME Agnes Corrigan Newman

MEDICAL CERTIFICATION

3. (b) If veteran, name war None

3. (c) Social Security No. None

20. DATE OF DEATH: Month June day 14th.;
year 1942 hour 2:35 minute a. M.

4. Sex F. / 5. Color or race W.

6. (a) Single, widowed, married, divorced L.W.

21. I hereby certify that I attended the deceased from 19... to 19...
that I last saw him alive on 19... and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife JOHN NEWMAN

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

Immediate cause of death: Trauma Left Femur
Chronic Nephritis Bronchitis -
Premortem when deceased
Fell out of bed at City Hosp
March 4 1942
Due to: *insufficient*

7. Birth date of deceased June 9th., 1868
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	74	0	5	hr. min.

Other conditions (Include pregnancy within 3 months of death)

1-80

9. Birthplace St. Louis 0 Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Govt. Worker

11. Industry or business

12. Name William Corrigan

13. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

14. Maiden name Winifred Slattery

15. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Marie Bauman

(b) Address 5385 Wells Ave.

17. (a) Burial (b) Date thereof 6-16-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Arthur J. Donnelly

(b) Address 3840 Lindell Blvd.

19. (a) JUN 15 1942 (b) J. F. Bruck
(Date received from Registrar) (Registrar's signature)

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) Accident

(b) Date of occurrence June 14 1942

(c) Where did injury occur? St. Louis 000
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Place

While at work? (Specify type of place) Means of injury 3 fall

23. Signature Alfred Perry (M. D. or other)

Address: *Alfred Perry* Date signed 6/14/42

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

98
100
17
9

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 W H Van Matre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

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.