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 V. S. No. 2  
 50M-5-42  
 Rev. 5-17-39  
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35741

DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED NOV 23 1942  
 818  
 Registration District No. ....

Primary Registration District No. 1003

Registrar's No. 9539

1. PLACE OF DEATH:  
 (a) County .....  
 (b) City or town St. Louis, Missouri  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
St. Louis City Hospital  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 6 Days  
 (Specify whether  
 In this community Life  
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County .....  
 (c) City or town St. Louis  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 1706a No. 11th St  
 (If rural, give location)  
 (e) Citizen of foreign country? ..... (Yes or No)  
 If yes, name country.....

3. (a) PRINT FULL NAME Loretta P. Newcomb  
 3. (b) If veteran, name war No 3. (c) Social Security No. None  
 4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced S  
 6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years  
 7. Birth date of deceased March 4, 1935  
 (Month) (Day) (Year)

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month November day 13  
 year 1942 hour 8:32 minute P. M.  
 21. I hereby certify that I attended the deceased from November 8, 1942 to November 13, 1942  
 that I last saw her alive on November 13, 1942  
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
7 8 9 hr. min.  
 9. Birthplace St. Louis, Missouri  
 (City, town, or county) (State or foreign country)  
 10. Usual occupation School girl

Immediate cause of death  
Hemolytic Streptococcus septicemia  
 Due to Rheumatic heart disease - mitral  
 Due to Pyelonephritis - noncalculous  
 Other conditions (Include pregnancy within 3 months of death) None

MOTHER FATHER  
 11. Industry or business .....  
 12. Name Stephen Newcomb  
 13. Birthplace Caruthersville, Mo.  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Ellen Jane Hill  
 15. Birthplace Oakland City, Ind.  
 (City, town, or county) (State or foreign country)

Major findings:  
 Of operations None  
 Of autopsy Refused  
 PHYSICIAN  
 Underline the cause to which death should be charged statistically.

16. (a) Informant Stephen Newcomb  
 (b) Address 1706a No. 11th St  
 17. (a) Burial (b) Date thereof 11/16/42  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation New St. Marcus Cem.  
 18. (a) Signature of funeral director C. W. McLaughlin  
 (b) Address 2301 Lafayette Avenue  
 19. (a) NOV 16 1942 (b) J. F. Bludick  
 (Date received local registrar) (Registrar's signature)

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 (a) Means of injury.....  
 23. Signature C. W. McLaughlin (M. D. or other).....  
 Address 1515 Lafayette Avenue Date signed 11/16/42

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 Paul A. Keith

Licensed Embalmer No. 5612

P. O. Address 2317 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.**