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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 42008

Registration District No. FILED JAN 8 1943 Primary Registration District No. 200 Registrar's No. 2563

1. PLACE OF DEATH:

(a) County St. Louis County

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

(c) Name of hospital or institution: Veterans Administration Facility (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Adm. Aug. 22, 1942 (Specify whether In this community unknown. years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000 17 9

(a) State Missouri (b) County

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

(d) Street No. 3746-a Cook Avenue (If rural, give location)

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

If yes, name country -

3. (a) PRINT FULL NAME Ralph W. Newman

3. (b) If veteran, name war World War-1918

3. (c) Social Security No. None.

4. Sex male

5. Color or race Negro

6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife -

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

7. Birth date of deceased September (Month) 2, (Day) 1893 (Year)

8. AGE: Years 49 Months 2 Days 29 If less than one day hr. min.

9. Birthplace Iola (City, town, or county) Kansas (State or foreign country)

10. Usual occupation Maintenance Man

11. Industry or business -

FATHER
12. Name Taylor Newman
13. Birthplace (City, town, or county) Tennessee (State or foreign country)

MOTHER
14. Maiden name Kinnie Grubbs
15. Birthplace (City, town, or county) Kansas (State or foreign country)

16. (a) Informant M. Schillig

(b) Address Clinical Clerk, VAF, Jeff. Bks., Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/8/42 (Month) (Day) (Year)

(c) Place: burial or cremation National Cem.

18. (a) Signature of funeral director R. M. C. Green

(b) Address 3517 Laclede Ave.

19. (a) Date received local registrar DEC 8 1942 (b) C. G. McGavran M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 1st, year 1942 hour 12:15 minute p. M.

21. I hereby certify that I attended the deceased from August 22, 1942, to December 1, 1942 that I last saw him alive on December 1, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death HYPERTENSIVE AND CORONARY ARTERIO-SCLEROTIC HEART DISEASE WITH MYOCARDIAL DAMAGE AND MYOCARDIAL INSUFFICIENCY.	Unkn.
Due to -	
Other conditions ARTERIOSCLEROSIS, GENERAL. (Include pregnancy within 3 months of death)	Unkn.

Major findings:
Of operations None.
Of autopsy No autopsy.

93d

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) no

(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 L. M. COCHRAN, M.D. (M. D. or other)

Address Chief Medical Officer. Date signed 12/1/42

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(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 M. M. Green

Licensed Embalmer No. 1173

P. O. Address 3517 Sedlede Ave

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.