

S. No. 2
M-5-43
7-5-17-39
I X36671

FILED APR 6 1944
Registration District No. **818**

Primary Registration District No. **1003**

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

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:
DePaul Hospital
(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) _____ (Specify whether)

In this community _____ (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. 1480 Belt Ave.
(If rural, give location)

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

3. (a) PRINT FULL NAME William H. Newcum

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

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

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

7. Birth date of deceased December 2 1877
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 29 year 1944 hour 7:30 minute _____ P. M.

21. I hereby certify that I attended the deceased from Feb 2 1944 to March 29 1944 that I last saw h. my alive on Feb 29 1944 and that death occurred on the date and hour stated above.

8. AGE: Years 72 Months 3 Days 27 If less than one day hr. _____ min. _____

9. Birthplace Mt. Vernon Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Bookkeeper

11. Industry or business _____

MOTHER FATHER { 12. Name W. H. Newcum

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

14. Maiden name Mary Mahaney

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

16. (a) Informant Anne Newcum

(b) Address 1480 Belt Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-1-44
(Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Chas. B. Stark

(b) Address 225 Union Blvd.

19. (a) MAR 31 1944 (Date received local registrar)

(b) J. Thiedeck (Registrar's signature)

Immediate cause of death Gastric Carcinoma Duration 3 wks

Due to Hb of

Due to _____

Other conditions Carcinoma Pancreat. - Primary site

Major findings: Gastric Carcinoma
Of operations Carcinoma Pancreat.
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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature J. Thiedeck (Date or over)

Address 4500 Olive Date signed 3/30/44

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 *Ry 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.