S. No. 2
M—2-43
5-17-39
I X35697

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

12145

State File No.

FILED APR 8 1944

Registration District No. 3

Primary Registration District No. 6076

Registrar's No. 778

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: Pine Crest Nursing Home 4 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 Mon. 7 days (Specify whether

In this community 5 Months 7days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County ~~St. Louis~~ 000 17

(c) City or town St. Louis 9 (If outside city or town limits, write "RURAL")

(d) Street No. 5054 Delmar (If rural, give location)

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

If yes, name country /

3. (a) PRINT FULL NAME Daisy Newsoms

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widow 2

6. (b) Name of husband or wife Unknown

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

7. Birth date of deceased August (Month) 11 (Day) 1871 (Year)

8. AGE: Years 72 Months 9 Days 16 If less than one day hr. min.

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

10. Usual occupation None

11. Industry or business None

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

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

16. (a) Informant Pine Crest Home

(b) Address Ballwin, Missouri

17. (a) Cremation (~~Burial~~, cremation, or ~~removal~~) (b) Date thereof 3-28-1944 (Month) (Day) (Year)

(c) Place: ~~burial or~~ cremation Valhalla Crematory

18. (a) Signature of funeral director Truth Center Mortuary

(b) Address 4024 Lindell Blvd.

19. (a) APR 1- 1944 (Date received local registrar) (b) E. D. McGavran, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 27 year 1944 hour 1:55 minute P. M.

21. I hereby certify that I attended the deceased from Oct. 11, 1943 to Mar. 26, 1944 that I last saw her alive on March 26, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to

Due to

Other conditions Arterio - Sclerosis (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

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

23. Signature W. Jausen (M. D. or ~~other~~)

Address Manchester, Mo. Date signed 3/27/44

(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 Howard P. Rowland

Licensed Embalmer No. 3114

P. O. Address St Louis Mo

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.