

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 18415
Registrar's No. 14

FILED JUN 8 1944
Registration District No. 184

Primary Registration District No. 5595

1. PLACE OF DEATH:
(a) County Jefferson
(b) City or town Kimmswick
(c) Name of hospital or institution: Residence of Daughter
(If outside city or town limits, write "RURAL" and name of township)
(d) Length of stay: In hospital or institution 6 days
(Specify whether years, months or days) 6 days

3. (a) PRINT FULL NAME Mrs. Anna Newman
3. (b) If veteran, name war --- 3. (c) Social Security No. ---
4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Otto Newman 6. (c) Age of husband or wife if alive 59 years
7. Birth date of deceased: November, 25, 1884
(Month) (Day) (Year)

8. AGE: Years 59 Months 6 Days 1 If less than one day hr. min.

9. Birthplace Taurages, Lithuania
(City, town, or county) (State or foreign country)
10. Usual occupation At Home

11. Industry or business
MOTHER FATHER { 12. Name Sam Naujok
13. Birthplace Lithuania
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace ---
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. Emma Martin
(b) Address Rt. 2, Box 123 A, Kimmswick, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 30, 1944
(Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park
18. (a) Signature of funeral director Beiderwieden F. H. Inc.
(b) Address 1936 St. Louis Avenue
19. (a) 5/27/44 (Date received by registrar) (b) [Signature] (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Illinois (b) County 9
(c) City or town Buckner
(If outside city or town limits, write "RURAL")
(d) Street No. --- (If rural, give location)
(e) If foreign born, how long in U. S. A.? 34 years

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 26th year 1944 hour --- minute --- M.
21. I hereby certify that I attended the deceased from May 25th 1944 to May 26th 1944
that I last saw him alive on May 26th 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Arterio Sclerosis
Due to ---

Due to ---
Other conditions (Include pregnancy within 3 months of death) ---

Major findings: Of operations [Signature]
Of autopsy ---
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. B. Edwards (M. D. or other) ---
Address Cedar Hill, Mo. Date signed 5/26/44

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Form 10-1-1943

126

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 6-2-44

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.....

Licensed Embalmer No.....

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, above space should be left blank.