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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 12 1947

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 6754

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1981

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: Homer G. Phillips Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 hrs. (Specify whether In this community 40 yrs. 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. 3860 Windsor Pl. (If rural, give location)

(e) Citizen of foreign country? None (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Ruth Roosevelt Newton

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female 3

5. Color or race Colored

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

6. (b) Name of husband or wife Harry Newton, Sr.

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

7. Birth date of deceased Nov. 10, 1906 (Month) (Day) (Year)

8. AGE: Years 40 Months 3 Days 13 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Seamstress

11. Industry or business At Home

FATHER
12. Name Benjamin R. Barnes
13. Birthplace Washington, (City, town, or county) D. C. (State or foreign country)

MOTHER
14. Maiden name Edmonia Hughes
15. Birthplace Louisville, (City, town, or county) Kentucky (State or foreign country)

16. (a) Informant Mrs Alice Moore

(b) Address 926 No Newstead Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 28, '47 (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cemetery

18. (a) Signature of funeral director C. T. Nash

(b) Address 3847 Page Boul

19. (a) (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 23, year 1947 hour ~~10.00~~ 9 minute 45 P. M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death

Due to Cerebral Hemorrhage

Due to

Other conditions (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 [illegible] (M. D. or other)

Address Date signed 2/4/47

(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.....C. T. Nash.....

Licensed Embalmer No.....2432.....

P. O. Address.....3847 Page.....

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.