. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED FEB 13 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2903

Primary Registration District No. 1003

Registrar's No. 888

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: PARK LANE Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 wks (Specify whether years, months or days)
In this community 4 wks.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 100
(c) City or town Tilmo (If outside city or town limits, write "RURAL") 3
(d) Street R.R. (If rural, give location) 0
(e) Citizen of foreign country? (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME HAROLD NEWLIN
3. (b) If veteran, name war NO
3. (c) Social Security No.
4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Margaret Newlin
6. (c) Age of husband or wife if alive 22 years
7. Birth date of deceased July (Month) 8 (Day) 1923 (Year)

8. AGE: Years 24 Months 6 Days 20 If less than one day hr. min.

9. Birthplace West Frankfort (City, town, or county) Ill. (State or foreign country)
10. Usual occupation Carnival Employ
11. Industry or business
FATHER
12. Name Ed Newlin
13. Birthplace Ill (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Belle Phebley
15. Birthplace Moore House Mo. (City, town, or county) (State or foreign country)
16. (a) Informant Mrs Harold Newlin
(b) Address Seymo Mo
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1-28-48 (Month) (Day) (Year)
(c) Place: burial or cremation Chester Mo
18. (a) Signature Rowland Mortuary Svc
(b) Address 4104 Manchester
19. (a) JAN 29 1948 (Date received local registrar) (b) J. T. Breuck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1/28/48 day 28 year 1948 hour 8:55 minute P.M.

21. I hereby certify that I attended the deceased from December 29, 1947, to January 28, 1948, that I last saw him alive on January 28, 1948, and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Dilitation of heart

Due to Secondary carcinoma of lungs

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause of 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) M.D.
Address 4930 Lindell Blvd. Date signed 1/28/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

MAR 28 1961

888

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 Ft Kents Me

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.