No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24572

FILED AUG 12 1948

Registration District No. 310 Primary Registration District No. 1003 Registrar's No. 6725

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

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 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 hrs. 52 mins (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 0 17
(c) City or town St. Louis 7
(If outside city or town limits, write "RURAL") 0
(d) Street No. 4263 W. Cote Brilliante
(If rural, give location)
(e) Citizen of foreign country? 11 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Wyannetta Newton
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Fem. 3
5. Color or race Negro
6. (a) Single, widowed, married, divorced 0
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 7 (Month) 1 (Day) 48 (Year)

8. AGE: Years | Months | Days | If less than one day 2 hr. 52 min.

9. Birthplace St. Louis (City, town, or county) Missouri 0 (State or foreign country)
10. Usual occupation
11. Industry or business
FATHER
12. Name
13. Birthplace (City, town, or county) 9 (State or foreign country)
MOTHER
14. Maiden name Doris Newton
15. Birthplace St. Louis (City, town, or county) Missouri 0 (State or foreign country)
16. (a) Informant Esther M. Sherard, R.R.2
(b) Address 2601 N. Whittier
17. (a) Anatomical Board (Burial, cremation, or removal) (b) Date thereof JUL 31 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Anatomical Board
18. (a) Signature of funeral director Rowland Mortuary Service
(b) Address 4104 Manchester Ave.
19. (a) JUL 31 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 1
year 1948 hour 3 minute 30 A.M.
21. I hereby certify that I attended the deceased from 12:38 A.M. 7-1-, 1948 to 3:30 A.M., 1948 that I last saw her alive on 7-1-, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Prematurity	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

159

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 0
23. Signature W. H. Sinkler (M. D. or other)
Address 2601 N. Whittier Date signed 7-7-48

Jefferson City Printing Co. (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.....

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, fact should be so stated above.