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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 9 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31310

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 8528

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 17 days (Specify whether
In this community
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. 1301 Carr
(If rural, give location)

(e) Citizen of foreign country? 25 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME William Newsome

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 2

5. Color or race Col

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

6. (b) Name of husband or wife None

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

7. Birth date of deceased August (Month) 11 (Day) 1886 (Year)

8. AGE: Years 62 Months 1 Days 5 If less than one day hr. min.

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

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name Jim Newsome
13. Birthplace Tenn. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Ella Cooper
15. Birthplace Tenn. (City, town, or county) (State or foreign country)

16. (a) Informant Elizabeth Rhodes
(b) Address 2601 N Whittier St

17. (a) Anatomical Board (Burial, cremation, or removal) (b) Date thereof SEP 30 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) SEP 30 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 16
year 1948 hour 2 minute 5 a M.

21. I hereby certify that I attended the deceased from Aug. 31, 1948 to Sept. 16, 1948
that I last saw him alive on Sept. 16, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death
Fibro-sarcoma of right Thigh
with metastasis

Due to

Due to

Other conditions None
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy None

Duration
Undet.

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 Charles Wrenn (M. D. or other)
Address 2601 N Whittier Date signed 9/18/48

(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.