

FILED APR 8 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10475

#45998

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1003

State File No. 2893
Registrar's No.

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri				b. COUNTY 000	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis, Mo.		c. LENGTH OF STAY (in this place) township)		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis		17 9			
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1.				d. STREET ADDRESS (If rural, give location) 907 Market St.,				0	
3. NAME OF DECEASED (Type or Print) a. (First) FRANK			b. (Middle) NEWMAN			4. DATE OF DEATH (Month) (Day) (Year) March 13, 1949			
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single		8. DATE OF BIRTH Mar. 28, ?		9. AGE (in years last birthday) 69? IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) OAA			10b. KIND OF BUSINESS OR INDUSTRY nil			11. BIRTHPLACE (State or foreign country) Unknown Illinois		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME Joseph Newman			13b. MOTHER'S MAIDEN NAME Clara Arline Unknown			14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS M.A. Renard, St. Louis City Hospital.					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute Pulmonary Edema</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive Cardiovascular Disease</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 93d						INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 440h						20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>3/7/49</u> , 19 <u> </u> , to <u>3/12/49</u> , 19 <u> </u> , that I last saw the deceased alive on <u>3/12/49</u> , 19 <u> </u> , and that death occurred at <u>5:30am.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <i>John T. Bryan M.D.</i>				23b. ADDRESS 1515 Lafayette Ave.,			23c. DATE SIGNED 3/13/49		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE MAR 31 1949		24c. NAME OF CEMETERY OR CREMATORY Anatomical Board		24d. LOCATION (City, town, or county) (State) Rowland Mortuary Service			
DATE REC'D BY LOCAL REG. MAR 31 1949		REGISTRAR'S SIGNATURE <i>J B Lasater</i>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 4104 Manchester Ave.				

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

..... Student Embalmer No.

working under my personal supervision.

Signed.....

Signed.....
Student Embalmer

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.