S. No. 300
v. 10.48

FILED DEC 6 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39793

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 4452

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

1. PLACE OF DEATH
a. COUNTY: ST. LOUIS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): PINE LAWN
c. LENGTH OF STAY (in this place): YEARS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 6209 LORRAINE AVE

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: ST. LOUIS
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 16 PINE LAWN
d. STREET ADDRESS (If rural, give location): 6209 LORRAINE AVENUE

3. NAME OF DECEASED (Type or Print)
a. (First): WILLIAM
b. (Middle): A.
c. (Last): NEWBERRY

4. DATE OF DEATH (Month) (Day) (Year): NOV. 18 1949

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: March 3, 1874
9. AGE (In years last birthday): 74 — 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): Paper-hanger
10b. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (State or foreign country): Nokomis, Illinois
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: John Newberry
13b. MOTHER'S MAIDEN NAME: Euphima Clower
14. NAME OF HUSBAND OR WIFE: Rose

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): Nil
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: ROSE NEWBERRY 6209 LORRAINE AVE

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of lip — INTERVAL BETWEEN ONSET AND DEATH: Indef.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
140X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
140X
20. AUTOPSY? YES ☐ NO ☑

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 27, 1948, *to* Nov 18, 1949 *that I last saw the deceased alive on* 11-18, 1949 *and that death occurred at* 2:20 p *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Josh. Grosskreutz MD
23b. ADDRESS: 3601 Canna Dr. Pine Lawn
23c. DATE SIGNED: 11/19/49

24a. BURIAL, CREMATION, REMOVAL (Specify): CREMATION
24b. DATE: 11-21-49
24c. NAME OF CEMETERY OR CREMATORY: VALHALLA CREMATORY
24d. LOCATION (City, town, or county) (State): ST. LOUIS COUNTY, MISSOURI

DATE REC'D BY LOCAL REG.: 11-21-49
REGISTRAR'S SIGNATURE: Herbert R. Domke, MD
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Allen W. McLaughlin 2301 Lafayette Av

(Licensed Embalmer's Statement on Reverse Side)

Dr. J.A. Grosskreutz
3601 Canna Dr. EV. 5183

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.

Student .....
Student Embalmer

Signed L. R. Cooper

Licensed Embalmer No. 3693

P. O. Address 2301 Lafayette

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.