No. 300
10.48

FILED DEC 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42810

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10776

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St Louis
c. LENGTH OF STAY (In this place): no
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 5590 Chamberlain Ave

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: ~~S.O.~~
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis, Mo
d. STREET ADDRESS (If rural, give location): 5 — 5590 Chamberlain Ave.

3. NAME OF DECEASED (Type or Print)
a. (First) Nancie
b. (Middle) —
c. (Last) Newport

4. DATE OF DEATH (Month) (Day) (Year): 12-13-49

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Child
8. DATE OF BIRTH: March 28, 1938
9. AGE (In years last birthday): 11 — 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): In bed since birth
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Torrington Conn
12. CITIZEN OF WHAT COUNTRY?: U.S.C.

13a. FATHER'S NAME: Oliver P. Newport
13b. MOTHER'S MAIDEN NAME: Nellie M. Sherry
14. NAME OF HUSBAND OR WIFE: - - - - - - - -

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no — No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME 5590 **ADDRESS**: Oliver W. Newport Chamberlain

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) Had Virus infection Sep 29 1949. Has [illegible] seat, bern well since
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Debacity & malnutrition from birth
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Practical physical & mental nonentity

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
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): 84a

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* On Sep 29, 1949, *to* Have not seen her since, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* 4 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): D. C. Todd M.D.
23b. ADDRESS: Amonsty Club Bldg.
23c. DATE SIGNED: 12/13/49

24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation
24b. DATE: 12-15-49
24c. NAME OF CEMETERY OR CREMATORY: Oak Grove Crem.
24d. LOCATION (City, town, or county) (State): St. Louis Co.

DATE REC'D BY LOCAL: DEC 14 1949
REGISTRAR'S SIGNATURE: J. B. Lasater
25. FUNERAL DIRECTOR'S SIGNATURE: C. R. Lupton & Sons; **ADDRESS**: 7233 Delmar

(Licensed Embalmer's Statement on Reverse Side) (over)

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

Addressed –

This is the case I phoned! the Dept Vital statistics about. The case is perfectly legitimate

[illegible]

Witness (Secretary)
Mrs Agnes Lovett

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 Arnold W. Schoene

Signed ..... Student Embalmer

Licensed Embalmer No. 3864

P. O. Address St. Louis, Mo.

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.