

FILED APR 5 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1003

State File No. 10884

2863

BIRTH NO. #70387		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 2863	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE No. b. COUNTY 2237			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis,			
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1				d. STREET ADDRESS (If rural, give location) 2107 PARK			
3. NAME OF DECEASED (Type or Print)		a. (First) ANTONIA		b. (Middle) Newman		c. (Last)	
				4. DATE OF DEATH (Month) (Day) (Year) March 24th, 1950			
5. SEX FEM. / W. /		6. COLOR OR RACE W. /		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W. /		8. DATE OF BIRTH 1-17-1869	
				9. AGE (In years last birthday) 81 YRS		10. IF UNDER 1 YEAR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE				10b. KIND OF BUSINESS OR INDUSTRY ?		11. BIRTHPLACE (State or foreign country) 9	
				12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME UNK DAVIS		13b. MOTHER'S MAIDEN NAME ?		14. NAME OF HUSBAND OR WIFE JACOB NEUMAN			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS LEO NEUMAN 2107 PARK			
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.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive Heart Failure				INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Arteriosclerosis					
		DUE TO (c) Paroxysmal tachycardia					
		11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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) H-200			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 2/20/50, 19 to 3/24/50, 19, that I last saw the deceased alive on 3/24/50, 19, and that death occurred at 8:25am, from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) John W. Murphy, M.D.				23b. ADDRESS 1515 Lafayette Ave.,		23c. DATE SIGNED 3/24/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 3-27-50		24c. NAME OF CEMETERY OR CREMATORY St. MATTHEWS		24d. LOCATION (City, town, or county) (State) St. LOUIS Mo	
DATE REC'D BY LOCAL REG. MAR 27 1950		REGISTRAR'S SIGNATURE J. B. Hunter		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS E. J. Schurr 3125 Lafayette			

(Licensed Embelmer'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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Joseph B. Kellmer

Signed
Student Embalmer

Licensed Embalmer No. 4014

P. O. Address 3125 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.