

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18366

State File No.

3958

Registrar's No.

No. 300
10.48

FILED MAY 19 1952

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY	
b. CITY OR TOWN ST. LOUIS		c. CITY OR TOWN ST. LOUIS 2239	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 2134 Oregon Av 23	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2134 Oregon Av		4. DATE OF DEATH (Month) (Day) (Year) APRIL-27-52	
3. NAME OF DECEASED (Type or Print) a. (First) RICHARD	b. (Middle) J.	c. (Last) NEWELL	5. SEX M.
6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH MAY-11-1904	9. AGE (In years) (Months) (Days) (Hours) (Mins.) 47 YRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Proprietor-Confectionery Store	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Mo	12. CITIZEN OF WHAT COUNTRY? U.S.A
13a. FATHER'S NAME EDWARD J. NEWELL	13b. MOTHER'S MAIDEN NAME JULIA HARE	14. NAME OF HUSBAND OR WIFE ANN NEWELL	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Ann Newell 2134 Oregon Av	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		DUE TO (b) Pericardial effusion		
ANTECEDENT CAUSES		DUE TO (c) Pulmonary Edema		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		Cardiac Hypertrophy		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" 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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? H2H3

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **9:15 A** m., from the causes and on the date stated above.

23a. SIGNATURE [Signature]	23b. ADDRESS 1300 Cherokee	23c. DATE SIGNED 4/28/52
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE April 30-52	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery
DATE REC'D BY LOCAL REG. APR 28 1952	REGISTRAR'S SIGNATURE [Signature]	24d. LOCATION (City, town, or county) (State) St. Louis MO.
25. FUNERAL DIRECTOR'S SIGNATURE E. J. Schmir		ADDRESS 3125 Lafayette

(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.

Student

Student Embalmer

Signed _____

Joseph Vollmer

Licensed Embalmer No. 4084

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.