

No. 206
10-48
MAY 19 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
318

18369
State File No. _____
Registrar's No. 4090

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION DePaul Hospt.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2063	
		d. STREET ADDRESS (If rural, give location) 5949 Lotus Ave. 8	

3. NAME OF DECEASED (Type or Print) a. (First) George b. (Middle) J c. (Last) Newton			4. DATE OF DEATH (Month) (Day) (Year) April 30 1952		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 3 1872		9. AGE (In years last birthday) 79
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Printer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) St. Louis Mo.		12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME Harry Newton		13b. MOTHER'S MAIDEN NAME Fanny Beadle		14. NAME OF HUSBAND OR WIFE Laura Brown Newton	
---------------------------------	--	--	--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY (If reg. in war or date of service) 348 05 2047	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Thomas Newton 5949 Lotus Ave			
--	---	--	--	--	--

18. CAUSE OF DEATH Enter only one cause on line for (a), (b), and (c) <i>This does not mean the mode of dying, such as heart failure, asphyxiation, etc. It means the direct cause, injury or complication which resulted in death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerosis H.D. *This does not mean the mode of dying, such as heart failure, asphyxiation, etc. It means the direct cause, injury or complication which resulted in death. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fracture R.A. Hip.			INTERVAL BETWEEN ONSET AND DEATH
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fracture R.A. Hip.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
------------------------	----------------------------------	--	--	--	--

21a. ACCIDENT SUICIDE HOMICIDE accidents	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis MO
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 4-7-52	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Fell at home. 4-7-52

22. I hereby certify that I attended the deceased from 4-11-52 to 4-30-52, that I last saw the deceased alive on 4-30, 1952, and that death occurred at 2:25P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J. Hayden MD		23b. ADDRESS 730 Hodiamont	23c. DATE SIGNED 5/1/52
---	--	----------------------------	-------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE May 2 1952	24c. NAME OF CEMETERY OR CREMATORY Valhalla Cem.	24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.
--	----------------------	--	---

DATE REC'D BY LOCAL REG. MAY 1 1952	REGISTRAR'S SIGNATURE J. Carl Smith MD	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Jos. W Clark 1125 Hodiamont Ave.	
-------------------------------------	--	---	--

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

Dr. L.F. Hayden
730 Hodiament Ave.
1 PM

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

J. W. Bentley

Licensed Embalmer No. _____

3653

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.