

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23003

State File No. _____

FILED JUN 27 1952

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

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>547</u>		Registrar's No. <u>1577</u>		
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Illinois</u> b. COUNTY _____				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Richmond Heights</u>		c. LENGTH OF STAY (in this place) <u>1 month</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Woodlawn</u>		<u>§ 1521</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Mary's Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>Rural Route #2</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ellen</u> b. (Middle) _____ c. (Last) <u>Newman</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>6-10-52</u>					
5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>9-16-1870</u>		
9. AGE (In years last birthday) <u>81</u>		# UNDER 1 YEAR		# UNDER 1 YEAR		# UNDER 1 MIN.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Tennessee</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>unknown Phillips</u>			13b. MOTHER'S MAIDEN NAME <u>unknown Hobbs</u>		14. NAME OF HUSBAND OR WIFE <u>Robert Newman</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Connie Wood, 6923 Bruno ave.</u>				
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage Rt.</u> INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>General Arterio Sclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Yrs.						
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>331X</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 _____				
22. I hereby certify that I attended the deceased from <u>May 10, 1952</u> to <u>6-10, 1952</u> , that I last saw the deceased alive on <u>6-7, 1952</u> , and that death occurred at _____ m., from the causes and on the date stated above.								
23a. SIGNATURE <u>Kathusella</u> (Degree or title) _____				23b. ADDRESS <u>MS 03720 Washington</u>		23c. DATE SIGNED <u>6/13/52</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>		24b. DATE <u>6-12-52</u>		24c. NAME OF CEMETERY OR CREMATORY _____		24d. LOCATION (City, town, or county) (State) <u>West Frankfort, Ill.</u>		
DATE REC'D BY LOCAL REG. <u>6-14-52</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Pomke MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Walker, West Frankfort, Ill.</u>				

(Licensed Embalmer's Statement on Reverse Side)

SW

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 Ranaed O. Yahubra

Licensed Embalmer No. 3917

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.