

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43684**
Registrar's No. **11087**

FILED DEC 24 1952

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

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Ill</i> b. COUNTY <i>Paris</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis, Missouri</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>Paris</i> <i>8120</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>St. Louis City Hospital</i>		d. STREET ADDRESS (If rural, give location) <i>Ill</i>	
3. NAME OF DECEASED (Type or Print) a. (First) <i>MARGARET</i> b. (Middle) c. (Last) <i>NEWMAN</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>DECEMBER 1, 1952</i>
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>Sept 10 1874</i>
9. AGE (In years last birthday) <i>78</i>		10. DATE OF BIRTH	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Book Keeper</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Self</i>	
11. BIRTHPLACE (City and State or Foreign Country) <i>Paris Ill</i>		12. CITIZEN OF WHAT COUNTRY? <i>1</i>	
13a. FATHER'S NAME <i>Henry Newman</i>		13b. MOTHER'S MAIDEN NAME <i>Anne J. Tanner</i>	
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) <i>No</i>	
16. SOCIAL SECURITY NO. <i>No</i>		17. INFORMANT'S SIGNATURE OR NAME <i>Nella Erickson 5527 Minerva</i>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cerebral-Vascular Accident</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <i>Cerebral arteriosclerosis</i>	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Hypertensive, cardiac</i>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>None</i>	
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) (Min.)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>334X</i>	
22. I hereby certify that I attended the deceased from <i>11-9-52</i> , 19___, to <i>12-1-52</i> , 19___, that I last saw the deceased alive on <i>12-1-52</i> , 19___, and that death occurred at <i>7:40P m.</i> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <i>Albert E. Stock</i>		23b. ADDRESS <i>1515 Lafayette Avenue</i>	
23c. DATE SIGNED <i>12-2-52</i>		24a. BURIAL, CREMATION, REMOVAL (Specify)	
24b. DATE <i>12-2-52</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Paris Ill</i>	
24d. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR'S SIGNATURE <i>J. Carl Smith</i>	
DATE REC'D BY LOCAL REGS. <i>DEC 2 1952</i>		ADDRESS <i>1905</i>	

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 Albert R. Thompson Jr
Licensed Embalmer No. 4237

P. O. Address _____

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.