

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3124

State File No. ....

FILED FEB 2 1954

1003 Registrar's No. 0678

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. \_\_\_\_\_

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. LENGTH OF STAY (in this place) Life		c. CITY OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION # 16 Thornby Place		e. STREET ADDRESS (If rural, give location) # 16 Thornby Place 2059			
3. NAME OF DECEASED (Type or Print) a. (First) Agnes		b. (Middle) Nadine		c. (Last) Newman	
5. SEX F.		6. COLOR OR RACE W.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH April 28, 1900		9. AGE (In years last birthday) 53		10. DATE OF DEATH (Month) (Day) (Year) Jan. 21, 1954	
11a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		11b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Dr. Frances H. Temm		13b. MOTHER'S MAIDEN NAME Virginia Crawley		14. NAME OF HUSBAND OR WIFE Thomas S. Newman	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Thomas S. Newman # 16 Thornby Place	

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) <i>Congenital Heart failure</i>		INTERVAL BETWEEN ONSET AND DEATH <i>1 yr</i>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <i>Arterial fibrillation</i>		<i>4 yrs</i>
		DUE TO (c) <i>Rheumatic Heart disease</i>		<i>10 yrs</i>
II. 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 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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4013	
22. I hereby certify that I attended the deceased from <i>Dec</i> , 1954, to <i>Jan 21</i> , 1954, that I last saw the deceased alive on <i>Jan 21</i> , 1954, and that death occurred at <i>8:00P m.</i> , from the causes and on the date stated above.					

23a. SIGNATURE <i>Dr. Prange</i>		(Degree or title) <i>M.D.</i>		23b. ADDRESS <i>4957 Maryland ave</i>		23c. DATE SIGNED <i>1/22/54</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-25-54		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.	
DATE REC'D BY LOCAL REG. JAN 22 1954		REGISTRAR'S SIGNATURE <i>Carl Smith</i>		FUNERAL DIRECTOR'S SIGNATURE <i>Arthur J. Donnelly</i>		ADDRESS <i>3840 Lindell</i>	

(Licensed Embalmer's Statement on Reverse Side)

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

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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.....  
Signature of Student Embalmer

Signed *Francis Williams*.....

Licensed Embalmer No. *350*.....

P. O. Address *St. Louis*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.