

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10304

State File No. \_\_\_\_\_

BIRTH NO. FILED MAR 25 1954 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2359

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. CITY <u>St. Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>St. Louis, Missouri</u>		c. LENGTH OF STAY (in this place) <u>9 days</u>		c. CITY OR TOWN <u>Kirkwood</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Barnes Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>Kirkwood Old Folks Home</u>			
3. NAME OF DECEASED a. (First) <u>Charles</u> b. (Middle) <u>Lawrence</u> c. (Last) <u>Newcomb</u>			4. DATE OF DEATH (Month) <u>3</u> (Day) <u>13</u> (Year) <u>54</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>May 24 1870</u>	9. AGE (In years last birthday) <u>83</u>	IF UNDER 1 YEAR Months <u>9</u> Days <u>19</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Jewelry Salesman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>retired</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Mo.,</u>	
12. CITIZEN OF WHAT COUNTRY? <u>US</u>		13a. FATHER'S NAME <u>Geo Newcomb</u>		13b. MOTHER'S MAIDEN NAME <u>Julia Floyd</u>	
14. NAME OF HUSBAND OR WIFE <u>Anna (Deceased)</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Heron Newcomb</u> ADDRESS <u>6621 Heege Rd Afton Mo</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>493-02-0037</u>		17. ADDRESS	
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, asthma, etc. It means the disease, injury, or complication which caused death.</i>					
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of prostate</u>				INTERVAL BETWEEN ONSET AND DEATH <u>10 yrs.</u>	
ANTECEDENT CAUSES <u>with metastases</u>					
MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. DUE TO (b) _____ DUE TO (c) _____					
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 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? <u>177X</u>	
22. I hereby certify that I attended the deceased from <u>Mar. 4</u> , 19 <u>54</u> , to <u>Mar. 13</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>Mar. 13</u> , 19 <u>54</u> , and that death occurred at <u>9:35A</u> m., from the causes and on the date stated above.					
23a. SIGNATURE <u>Carl J Moore</u> (Degree or title) <u>M. D.</u>			23b. ADDRESS <u>Barnes Hospital</u>		23c. DATE SIGNED <u>3/13/54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>3/18/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bellefontaine Cmty</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>		REGISTRAR'S SIGNATURE <u>Carl Smith MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>H Bopp, Inc</u> ADDRESS <u>Kirkwood</u>	

(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 em-  
by me, or by ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Felix Howard*.....

Licensed Embalmer No. *30*.....

P. O. Address *Kr. Wood*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.  
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.