

FILED APR 21 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 13878
Registrar's No. 2643

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____					
1. PLACE OF DEATH a. COUNTY _____				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>ST. LOUIS</u>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>EST. LOUIS</u>		812 8					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Homes H. Phillips</u>				d. STREET ADDRESS (If rural, give location) <u>2010 McCarland East St. Louis</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ivory</u> b. (Middle) <u>Charles</u> c. (Last) <u>Newman</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Mar 19 1954</u>								
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Col</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>20, 1908</u>					
9. AGE (In years last birthday) <u>46</u>		10. MONTHS <u>7</u>		11. DAYS <u>46</u>		12. HOURS <u>46</u>					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Labo</u>			10b. KIND OF BUSINESS OR INDUSTRY _____			11. BIRTHPLACE (City and State or foreign Country) <u>Ark</u>					
12. CITIZEN OF WHAT COUNTRY? _____			13a. FATHER'S NAME <u>Jack Newman</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Young</u>		14. NAME OF HUSBAND OR WIFE <u>Paul Newman</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>			16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ethel Newman</u>			ADDRESS <u>2010 McCarland</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____				ANTECEDENT CAUSES _____				DUE TO (b) <u>Coronary Occlusion</u>			
*This does not mean the manner of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. _____				DUE TO (c) <u>Coronary Sclerosis</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				_____				<u>Pulmonary Oedema</u>			
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) <u>420.1</u>							
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>5:30</u> p. m., from the causes and on the date stated above.											
23a. SIGNATURE <u>Patrick J. Taylor</u> (Degree or title) <u>Covered</u>				23b. ADDRESS <u>1300 Clark</u>				23c. DATE SIGNED <u>3.24.54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removed</u>		24b. DATE <u>Mar 24/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Washington Park</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis MO</u>					
DATE REC'D BY LOCAL REG. <u>MAR 23 1954</u>		REGISTRAR'S SIGNATURE <u>J. Carl Smith</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>W. F. Green</u> ADDRESS <u>4214 Selman</u>						

(Licensed Embalmer's Statement on Reverse Side)

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

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

F. C. Green

Licensed Embalmer No. *2963*

P. O. Address

4214 Delmar

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.