

FILED MAY 12 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

14544

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 1059

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u>		b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Normandy</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>JENNINGS</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Sullivan Nursing Home</u>		e. STREET ADDRESS (If rural, give location) <u>7205 Jenwood Ave</u>		d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Louise</u> b. (Middle) <u>M.</u> c. (Last) <u>NEWMAN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 3 1954</u>		
---	--	--	--	--	--

5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
<u>Widow</u>		<u>Widow</u>		8. DATE OF BIRTH <u>July 1, 1865</u>	

9. AGE (In years last birthday) <u>88</u>		10. MONTHS <u>10</u>		11. DAYS <u>3</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>at-home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>New Albany, Indiana</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>John Bruni</u>		13b. MOTHER'S MAIDEN NAME <u>Christina E. Libka</u>		14. NAME OF HUSBAND OR WIFE <u>Robert Newman</u>	
--------------------------------------	--	---	--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Jordan Newman 7814 Albia St. Jennings Mo</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, asphyxia, 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</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Cardiovascular disease</u> DUE TO (c) <u>unknown</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>1) arteriosclerotic dementia 2) Pulmonary emphysema</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 hour</u>	
---	--	--	--	--	--	---	--

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4221</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 Dec 31, 1953, to May 3, 1954, that I last saw the deceased alive on May 3, 1954, and that death occurred at 11:35 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Lewis Littmann MD</u>		23b. ADDRESS <u>8231 Clayton Rd (12)</u>		23c. DATE SIGNED <u>5/4/54</u>	
---	--	--	--	--------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3/6/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Valhalla Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Charles Rock Rd, St. Louis Co.</u>	
---	--	-------------------------	--	---	--	---	--

DATE REC'D BY LOCAL REG. <u>5/5/54</u>		REGISTRAR'S SIGNATURE <u>Hebert K. Somke</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Bull-Campbell, 5165 Delmar Blvd</u>	
--	--	--	--	--	--

(Licensed Embalmers 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.....  
Signature of Student Embalmer

Signed *Rex E Campbell*.....

Licensed Embalmer No. *3881*

P. O. Address *H Davis St*.....

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.