

STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. 113 PRIMARY REG. DIST. NO. 5430 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Franklin</u>	
b. CITY OR TOWN <u>Rural Central Franklin</u>	c. LENGTH OF STAY (In this place)	c. CITY OR TOWN <u>Rural</u>	d. Is residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Clair - Mo. R. #1</u>		e. STREET ADDRESS (If rural, give location) <u>St. Clair - Mo. R. #1</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Sterling</u> b. (Middle) <u>P.</u> c. (Last) <u>Newman</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>7-9-'54</u>
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5. SEX <u>male</u>	6. COLOR OR RACE <u>w</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>July 13, 1884</u>	9. AGE (In years last birthday) <u>69</u> If under 1 year: Months <u>11</u> Days <u>26</u> If under 24 hrs. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>General Motors Automobiles</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Automobiles</u>	11. BIRTH PLACE (City and State or Foreign Country) <u>St. Louis Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Michael Newman</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah Ann Kunnolly</u>	14. NAME OF HUSBAND OR WIFE <u>Eva</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> (If yes, give war or dates of service) <u>WW2 1942-1948</u>	16. SOCIAL SECURITY NO. <u>490-05-2781</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Eva Newman</u>	ADDRESS <u>St. Clair Mo</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
	DUE TO (b) <u>Self-Inflicted gunshot wound in head</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>E976X</u>	

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Suicide</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>at home</u>	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>St. Clair Central Franklin Mo</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>July 9 1954</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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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 _____, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Oran D. Thomas, County Clerk Mo</u>	23b. ADDRESS _____	23c. DATE SIGNED <u>July 9, 1954</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>July 12, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Walton Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo</u>
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DATE REC'D BY LOCAL REG. <u>7-10-54</u>	REGISTRAR'S SIGNATURE <u>William C. ...</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Shirwood Mitchell</u>	ADDRESS <u>St. Clair</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

make resp. detailed, full

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by _____, Student Embalmer No. _____

working under my personal supervision..

Student _____
Signature of Student Embalmer

Signed _____
Signature of Licensed Embalmer

Licensed Embalmer No. 45-2

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

make resp. detailed, full