

FILED FEB 10 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2910

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **#12**

1. PLACE OF DEATH
a. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis**

c. LENGTH OF STAY (In this place) **4 wks.**

d. FULL NAME OF HOSPITAL OR INSTITUTION **St. Anthony Hospital**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **Missouri** b. COUNTY **St. Louis**

c. CITY OR TOWN **Afton**

d. Is Residence within limits of a city or incorporated town? Yes No

e. STREET ADDRESS (If rural, give location) **9529 Reavis Barracks Road**

3. NAME OF DECEASED
(Type or Print) a. (First) **William** b. (Middle) **L.** c. (Last) **Newman**

4. DATE OF DEATH (Month) (Day) (Year)
Jan. 2, 1955

5. SEX **Male**

6. COLOR OR RACE **White**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
Widowed

8. DATE OF BIRTH **Aug. 4, 1888**

9. AGE (In years last birthday) **66**

If UNDER 1 YEAR: Months _____ Days _____

If UNDER 2 HRS.: Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Police Officer

10b. KIND OF BUSINESS OR INDUSTRY
St. Louis Metro. Police

11. BIRTHPLACE (City and State or Foreign Country)
St. Louis, Missouri

12. CITIZEN OF WHAT COUNTRY?
U.S.A.

13a. FATHER'S NAME
Unknown

13b. MOTHER'S MAIDEN NAME
Unknown

14. NAME OF HUSBAND OR WIFE
Katherine Bieber 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 **Mrs. Cecelia Craven** **ADDRESS** **9529 Reavis Barracks Rd.**

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) **Fracture of Skull;**

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. **Subdural Hemorrhage; suffered when he fell out of bed at St. Anthony's Hospital, January 1st 1955**

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. **about 3:30 am**

INTERVAL BETWEEN ONSET AND DEATH

20. AUTOPSY? YES NO

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION
Accident 9027/46

21a. ACCIDENT, SUICIDE, OR HOMICIDE (Specify)
Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, dining hall, etc.)
Hospital

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
St. Louis Mo

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)
Jan 1 55 3:30 AM

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

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 **300A m., from the causes and on the date stated above.**

23a. SIGNATURE (Degree or title)
Patrick C. Taylor Coroner

23b. ADDRESS
1300 Clark

23c. DATE SIGNED
1. 3. 55.

24a. BURIAL, CREMATION, REMOVAL (Specify)
Removal

24c. NAME OF CEMETERY OR CREMATORY
Sunset Burial Park

24d. LOCATION (City, town, or county) (State)
St. Louis County, Missouri

DATE REC'D BY LOCAL REG. **JAN 3 1955**

25. FUNERAL DIRECTOR'S SIGNATURE **Wacker-Hellmle-3634 Gravois Ave.** **ADDRESS**

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

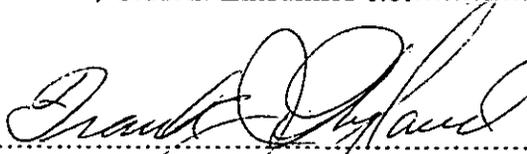
STATEMENT BY LICENSED EMBALMER

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.....


Licensed Embalmer No. 296

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.