

FILED AUG 15 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24161

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **6460**

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|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY | |
| b. CITY (If outside corporate limits, write RURAL and give town) St. Louis | | c. CITY OR TOWN St. Louis | |
| c. LENGTH OF STAY (in this place) 20 yrs. | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G. Phillips Hospital | | STREET ADDRESS (If rural, give location) 3938 Cook | |

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|--|--|--|--|---|--|--|--|--|--|
| 3. NAME OF DECEASED (Type or Print) | | a. (First) Starlee | | b. (Middle) | | c. (Last) Newburn | | 4. DATE OF DEATH (Month) (Day) (Year) 7 23 55 | |
| 5. SEX Female | | 6. COLOR OR RACE Negro | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | | 8. DATE OF BIRTH March 6, 1911 | | 9. AGE (in years last birthday) 44 IF UNDER 1 YEAR Months 4 Days 17 IF UNDER 24 HRS. Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper | | 10b. KIND OF BUSINESS OR INDUSTRY Pvt. Family | | 11. BIRTHPLACE (City and State or Foreign Country) Jonesboro, Arkansas | | 12. CITIZEN OF WHAT COUNTRY? U. S. A. | | | |

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|---|--|--|--|---|--|
| 13a. FATHER'S NAME Dan McDonald | | 13b. MOTHER'S MAIDEN NAME Emma Butcher | | 14. NAME OF HUSBAND OR WIFE Wardell Newburn | |
| 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. unknown | | 17. INFORMANT'S SIGNATURE OR NAME Emma Smith, 529 N. Whittier | |

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|--|--|------------------------------------|--|----------------------------------|--|
| 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, asthenia, etc. It means the disease, injury, or complication which caused death.</i> | | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Glomerulonephritis; Uremia | | Chronic Glomerulonephritis; Uremia | | Undt. | |
| ANTECEDENT CAUSES | | DUE TO (b) | | | |
| Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | DUE TO (c) | | | |
| II. OTHER SIGNIFICANT CONDITIONS | | Rheumatic Heart Disease (Inactive) | | | |
| Conditions contributing to the death but not related to the disease or condition causing death. | | Diabetes Mellitus | | | |

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|--|--|--|--|---|--|
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION 592 X | | 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) | |

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|--|--|--|--|----------------------------|--|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | | 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 **7-21**, 19**55**, to **7-23**, 19**55**, that I last saw the deceased alive on **7-23**, 19**55**, and that death occurred at **1:10a** m., from the causes and on the date stated above.

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|--|--|---|--|---|--|
| 23a. SIGNATURE (Degree or title) Edw. B. Williams M.D. | | 23b. ADDRESS 2601 N. Whittier | | 23c. DATE SIGNED 7-23-55 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 24b. DATE 7/28/55 | | 24c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery | |
| | | 24d. LOCATION (City, town, or county) (State) St. Louis County, Mo. | | | |

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|--|--|---|--|---|--|
| DATE REC'D BY LOCAL REG. JUL 27 1955 | | REGISTRAR'S SIGNATURE <i>[Signature]</i> | | 25. FUNERAL DIRECTOR'S SIGNATURE Charles J. Gates, 4107 Finney Ave. | |
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(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.....
Signature of Student Embalmer

Signed *Arthur L. Heilliard*.....

Licensed Embalmer No. 4221.....

P. O. Address 4107 Finney.....

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.