

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JUN 14 1956

State File No. \_\_\_\_\_  
Registrar's No. **5195**

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		State File No. _____		Registrar's No. <b>5195</b>			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). b. STATE <b>Missouri</b> c. COUNTY _____							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (in this place) <b>6 dys</b>		c. CITY OR TOWN <b>St. Louis</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Alexian Brothers Hospital</b>				e. STREET ADDRESS (If rural, give location) <b>24 3547 So. Jefferson Ave. 2249</b>							
3. NAME OF DECEASED (Type or Print) a. (First) <b>Leroy</b>			b. (Middle) <b>L.</b>			c. (Last) <b>Newberry</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>May 29 1956</b>		
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Feb. 10, 1891</b>		9. AGE (In years last birthday) <b>65</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Automobile mechanic</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Yellow Service Co.</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Walnut Ridge, Ark.</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			
13a. FATHER'S NAME <b>Samuel N. Newberry</b>			13b. MOTHER'S MAIDEN NAME <b>Martha A. Hutchings</b>			14. NAME OF HUSBAND OR WIFE <b>Anna A. Newberry</b>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>492-07-1213</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Anna A. Newberry 3547 So. Jefferson Ave.</b>							
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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary artery of abdominal</b> <b>arterio-sclerotic</b> - 5-29-56 DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____						INTERVAL BETWEEN ONSET AND DEATH <b>not known</b>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <b>HEX 022X</b>									
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) _____		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
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 <b>May-23, 1956</b> , to <b>May-29, 1956</b> , that I last saw the deceased alive on <b>May-29, 1956</b> and that death occurred at <b>4:15 P.M.</b> , from the causes and on the date stated above.											
23. SIGNATURE <b>[Signature]</b> (Degree or title) _____				23b. ADDRESS <b>320 1/2 Grand St. St. Louis, Mo.</b>				23c. DATE SIGNED <b>5-30-56</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>May 31, 1956</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Parkview Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Flat River, Mo</b>					
DATE REC'D BY LOCAL REG. <b>MAY 31 1956</b>		REGISTRAR'S SIGNATURE <b>[Signature]</b>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Hoffmeister Colonial Mortuary 616 1/2 Chippewa St., St. Louis, Mo.</b>						

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

41430 *lester*

APR 25 1958

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 *Lewis C. Hoffman*

Licensed Embalmer No. 38

P. O. Address 7814 S. G.

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.