

FILED MAY 25 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18392

State File No.

318

1003

Registrar's No. 4373

| | | | | | | | | | |
|--|--|---|---|--|--|--|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. _____ | | PRIMARY REG. DIST. NO. _____ | | Registrar's No. _____ | | | |
| 1. PLACE OF DEATH a. COUNTY _____ | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Illinois</u> | | | | b. COUNTY _____ | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> | | c. LENGTH OF STAY (In this place) <u>34 Days</u> | | c. CITY OR TOWN <u>E. St. Louis</u> | | 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 <u>Missouri Baptist Hospital</u> | | | | • STREET ADDRESS (If rural, give location) <u>1294 St. Rapheal</u> | | | | <u>8120 8</u> | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>SHARON</u> | | | b. (Middle) <u>LEE</u> | | c. (Last) <u>NEWELL</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>5 2 56</u> | | |
| 5. SEX <u>Female</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u> | | 8. DATE OF BIRTH <u>6-20-1947</u> | | 9. AGE (In years last birthday) <u>8</u> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 6 HRS: Hours _____ Min. _____ | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Student</u> | | | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | | 11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>Manuel Newell</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Wanda Asbby</u> | | | 14. NAME OF HUSBAND OR WIFE _____ | | | |
| 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>M. Newell, 1294 St. Rapheal</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, ashenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Hemorrhage</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Acute Lymphatic Leukemia</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u> | | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>1 day.</u> <u>3 months</u> | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION <u>2040</u> | | | | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (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 <u>March 15, 1956</u> , to <u>May 2, 1956</u> , that I last saw the deceased alive on <u>May 2, 1956</u> , and that death occurred at <u>11:55 A.</u> m., from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>W. C. Gerst M.D.</u> | | | | 23b. ADDRESS <u>8700 Riverview Blvd</u> | | 23c. DATE SIGNED <u>May 4-56</u> | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | | 24b. DATE <u>5-4-56</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>New St. Marcus Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>St. Louis Co., Missouri</u> | | | |
| DATE REC'D BY LOCAL REG. <u>MAY 4 1956</u> | | REGISTRAR'S SIGNATURE <u>J. Charles Smith M.D.</u> | | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>McLaughlin F.H., Inc., 2301 Lafayette</u> | | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

300
48

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb
by me, or by Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *H. G. Farris*
.....

Licensed Embalmer No. *33*

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.