

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **3278**

FILED FEB 6 1957

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **500** Registrar's No. **1**

1. PLACE OF DEATH a. COUNTY <b>St Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Normandy</b>		c. CITY OR TOWN <b>Overland</b>	
c. LENGTH OF STAY in this place <b>4 days</b>		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 <b>Noramdy Osteopathic Hospital</b>			
e. STREET ADDRESS (If rural, give location) <b>8108 Ellerton Ave.</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>William &amp;</b>	b. (Middle) <b>Anton</b>	c. (Last) <b>Newell</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Jan. 1 1957</b>
-------------------------------------	---------------------------------	--------------------------	-------------------------	---

5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>	8. DATE OF BIRTH <b>Jan. 29 1888</b>	9. AGE (In years last birthday) <b>68</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>Retired</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Emerson Eyes</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S.</b>
--	---	--	---

13a. FATHER'S NAME <b>Samuel Newell</b>	13b. MOTHER'S MAIDEN NAME <b>Johana Landell</b>	14. NAME OF HUSBAND OR WIFE <b>Nelle Newell nee</b>
---	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>197-07-5110</b>	17. INFORMANT'S SIGNATURE OR NAME <b>George P Newell</b>	ADDRESS <b>Ellerton</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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Vaso-motor collapse</b>		INTERVAL BETWEEN ONSET AND DEATH <b>minutes</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Acute Myocardial Infarction</b>		<b>3 days</b>
	DUE TO (c) <b>Coronary occlusion</b>		<b>3 days</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? <b>YES</b> <input type="checkbox"/> <b>NO</b> <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) <b>St. Louis Missouri</b>
--	--	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 **12-29, 1956**, to **1-1, 1957**, that I last saw the deceased alive on **12-31, 1956**, and that death occurred at **8:45 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Robert W. Shelby</b>	(Degree or title) <b>DO</b>	23b. ADDRESS <b>1917 N. Hanley Rd</b>	23c. DATE SIGNED <b>1-1-57</b>
--	-----------------------------	---------------------------------------	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>1-4-1957</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Lake Charles</b>	24d. LOCATION (City, town, or county) (State) <b>Page Dale Mo.</b>
---	---------------------------	--	--

DATE REC'D BY LOCAL REG. <b>1-2-57</b>	REGISTRAR'S SIGNATURE <b>Herbert B. Donke</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Baumann Bros Inc</b>	ADDRESS <b>2504 Woodson Rd. Overland Mo</b>
--	---	--	---

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 *David C. Gibson*

Licensed Embalmer No. *3474*

P. O. Address *Parlour*

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.