

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15091
STATE FILE NUMBER
3753

FILED MAY 6 - 1957

Registration District No. 318 Primary Registration District No. 1003

Registrar No. 3753

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, give TOWNSHIP only) OR TOWN St. Louis,		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis,		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Entoute City Hospital DOA		Length of stay in lb	d. STREET ADDRESS 3318 Park Ave.		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Logan Middle L. Last Newkirk			4. DATE OF DEATH Month April Day 5, Year 1957		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH March 5, 1917	9. AGE (In years last birthday) 40 IF UNDER 1 YEAR: Months _____ Days _____ Hours _____ Min. _____ IF UNDER 24 HRS. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Factory Worker		10b. KIND OF BUSINESS OR INDUSTRY Electrical Mfg.		11. BIRTHPLACE (City and state or country) Naylor, Missouri.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.			13. FATHER'S NAME Simon Newkirk		
14. MOTHER'S MAIDEN NAME Sylvia Smoot			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No. Nil.		
16. SOCIAL SECURITY NO. 490-14-2360			17. INFORMANT Nellie Newkirk, 3318 Park Ave.		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Suffocation due to drowning when found Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) in river at foot of Poplar Street, 4/5/57 DUE TO (c) CAUSE AND MANNER OF SAME COULD NOT BE DETERMINED. =SUICIDE, OPEN VERDICT					INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 9298 42					19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____ Month, Day, Year _____		5:00			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at 4:40 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE James M Kelly Coroner (Degree or title)			22b. ADDRESS 1300 Clark		22c. DATE SIGNED 4-19-57
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 4-22-57	23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery		23d. LOCATION (City, town, or county) (State) St. Louis County, Mo.
24. FUNERAL DIRECTOR Albert H. Hoppe 4700 Washington,		25. DATE RECD. BY LOCAL REG. APR 19 '57		26. REGISTRAR'S SIGNATURE Carl Smith, Mo.	

MEDICAL CERTIFICATION

St. Louis, Mo.
Interoceanic City Hospital Bldg
3318 Park Ave.

Johnnie Hewitt, 3318 Park Ave.
March 2, 1917
White male
Factory worker
Electrical Wfr.
Mayfor, Missouri.
U.S.A.

STATEMENT BY LICENSED EMBALMER

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

Student.....
Signature of Student Embalmer

Signed.....
No. E. Embalmer

Licensed Embalmer No.
P. O. Address

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