Health, Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-003327
STATE FILE NUMBER 192

FILED JAN 26 1959 Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis — Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lutheran Hospital — Length of stay in Hospital 27 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY
c. CITY OR TOWN St. Louis — Inside Limits Yes ☒ No ☐
2159 STREET ADDRESS 5128 Dresden (If outside, give location) — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: Audrey Middle: E. Last: Newberry
4. DATE OF DEATH Month: January Day: 5, Year: 1959
5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: December 15, 1907
9. AGE (In years last birthday): 51 yrs. — 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): Dressmaker
10b. KIND OF BUSINESS OR INDUSTRY: Garment Mfg.
11. BIRTHPLACE (City and state or country): Norris City, Illinois
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME: Oscar Johnson
13b. MOTHER'S MAIDEN NAME: Hattie Carrier
14. NAME OF HUSBAND OR WIFE: Norbert H. Newberry
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 486-22-2224
17. INFORMANT: Mr. Norbert H. Newberry, Address: 5128 Dresden Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) PULMONARY EDMA — INTERVAL BETWEEN ONSET AND DEATH: 1 WK
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) CONGESTIVE HEART FAILURE — 1 WK
DUE TO (c) RHEUMATIC HEART DISEASE 416X — 30 YEARS
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): CEREBROVASCULAR THROMBOSIS (OLD) & ENCEPHALOMALACIA
19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 Jan 3 1958, to Jan 5 1959 and last saw her alive on Jan 5 1959
Death occurred at 3:00 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Ramusbaum (Degree or title)
22b. ADDRESS 3701 Grandel St.
22c. DATE SIGNED 1-6-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: Jan. 8, 1959
23c. NAME OF CEMETERY OR CREMATORY: Laurel Hill Memor. Gardens
23d. LOCATION (City, town, or county) (State): St. Louis, County, Missouri.

24. FUNERAL DIRECTOR: Beiderwieden F.H. Inc., ADDRESS: 1936 St. Louis
25. DATE RECD. BY LOCAL REG.: JAN 8 '59
26. REGISTRAR'S SIGNATURE: J. Earl Smith, M.D. M.D.B.

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 James H. Fritz

Licensed Embalmer No. 3 8 8 2

P. O. Address St. Louis

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.