

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-027169

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6827

STATE FILE NUMBER

FILED AUG 3 1961

| | | | | | | | | | |
|---|--|--|--|---|---|---|--|--|---|
| 1. PLACE OF DEATH a. COUNTY | | b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Saint Louis | | Length of stay in 1b 8 yrs. | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY | | c. CITY OR TOWN Saint Louis | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION City Hospital No. 1 | | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | d. STREET ADDRESS (If outside, give location) 4236 Delmar | | | Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First Middle Last ALLAN NEWELL | | | | 4. DATE OF DEATH Month Day Year July 19, 1961 | | 5. SEX Male | | 6. COLOR OR RACE Negro | |
| 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | | 8. DATE OF BIRTH 2/20/38 | | 9. AGE (last birthday) 23 | | IF UNDER 1 YEAR Months Days Hours Min. | | IF UNDER 24 HR | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unemployed | | | 10b. KIND OF BUSINESS OR INDUSTRY Laborer | | 11. BIRTHPLACE (City and state or country) Meridan, Miss. | | 12. CITIZEN OF WHAT COUNTRY U.S.A. | | |
| 13a. FATHER'S NAME Allan Newell, Sr. | | | 13b. MOTHER'S MAIDEN NAME Ruth Riley | | | 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) No | | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT Address Ruthie Newell, 4236 Delmar | | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Stab wound of abdomen suffered when stabbed with knife in hands of one George Williams (col.) in front of about 3930 Erieht about 11:30 P.M. July 13, 1961 | | | | | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | | DUE TO (b) | | DUE TO (c) | | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (State disease condition given in PART I (a)) Homicide | | | | | 982x | | | | |
| 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/> | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) See above | | | | | |
| 20c. TIME OF INJURY Hour a.m. p.m. 11:30 p.m. | | Month, Day, Year 7-13-61 | | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Street | | 20f. CITY, TOWN, OR LOCATION St. Louis, Mo | |
| 21. I attended the deceased from 6:00 P to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | | | | |
| 22a. SIGNATURE Paul J. Simon (Degree of title) Deputy Coroner | | | | | 22b. ADDRESS 1300 Clark | | | 22c. DATE SIGNED 7/22/61 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) | | 23b. DATE 7/26/61 | | 23c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery | | 23d. LOCATION (City, town, or county) St. Louis Co., Mo. | | | |
| 24. FUNERAL DIRECTOR Charles J. Gates, 4107 Finney | | | | 25. DATE RECD. BY LOCAL REG. JUL 22 1961 | | 26. REGISTRAR'S SIGNATURE Paul Smith M.P. | | | |

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

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

Gunston Swain
Licensed Embalmer No. 4580

P. O. Address 4107 Finney

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.