MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER: 4920-63-018013

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

FILED MAY 9 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS: DATE AMENDED; INSTEAD OF; SHOULD READ; ITEM NO.; BY AFFIDAVIT OF DOCUMENT

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, MISSOURI — Length of stay in 1b

c. CITY OR TOWN: St.Louis — Inside Limits: Yes ☒ No ☐

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): BARNES HOSPITAL — Inside Limits: Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location): 4619 Pershing Pl. — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First JOHN Middle SPENCER Last NEWHOUSE

4. DATE OF DEATH: Month May Day 5 Year 1963

5. SEX: Male

6. COLOR OR RACE: White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 5/16/1900

9. AGE (last birthday): 62 — IF UNDER 1 YEAR: Months Days — IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Manufacturers Agent

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): Denver, Colorado

12. CITIZEN OF WHAT COUNTRY: U.S.

13a. FATHER'S NAME: Edgar L.Newhouse

13b. MOTHER'S MAIDEN NAME: Mary McSweeny

14. NAME OF HUSBAND OR WIFE: Eleanor Knapp Newhouse

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of servi

16. SOCIAL SECURITY NO.:

17. INFORMANT: Eleanor K.Newhouse, Address: 4619 Pershing Pl.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): GENERALIZED LYMPHOSARCOMA — INTERVAL BETWEEN ONSET AND DEATH: 2 mons.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b):

DUE TO (c): 2001

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

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 3/15/63, to 5/5/63 and last saw him alive on 5/5/63

Death occurred at 3:05 a.m. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): C. D. Vermillion, M.D. M.D.

22b. ADDRESS: BARNES HOSPITAL

22c. DATE SIGNED: 5/5/63

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 5-7-63

23c. NAME OF CEMETERY OR CREMATORY: Bellefontaine Cemetery

23d. LOCATION (City, town, or county) (State): St.Louis, Mo.

24. FUNERAL DIRECTOR — ADDRESS: Albert H.Hoppe, Inc., 4700 Washington Blvd.

25. DATE RECD. BY LOCAL REG.: MAY 6 1963

26. REGISTRAR'S SIGNATURE: Carl Smith, M.D.

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 G. W. Wilkinson

Licensed Embalmer No. 3575

P. O. Address St Louis Mo

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.