

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-033965

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **8904**

STATE FILE NUMBER

DO NOT WRITE ON THIS STUD

AMENDED

FILED SEP 12 1963

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo</b> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		c. CITY OR TOWN <b>St. Louis</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Alexian Bros</b>		d. STREET ADDRESS (If outside, give location) <b>2837 Victor St.</b>	

3. NAME OF DECEASED (Type or print) First <b>ADDIE</b> Middle <b>NEWMAN</b> Last <b>NEWMAN</b>			4. DATE OF DEATH Month <b>Sept.</b> Day <b>2</b> Year <b>1963</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>1-14-1875</b>	9. AGE (last birthday) <b>88</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>St. Louis, Mo.</b>	
12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		13a. FATHER'S NAME <b>John Kramer Bernelle</b>		13b. MOTHER'S MAIDEN NAME <b>Ida Bernelle Kramer</b>	
14. NAME OF HUSBAND OR WIFE <b>Late James Newman</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO.	
17. INFORMANT <b>Howard Newman 2837 Victor St.</b>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute Cardiac Failure</b> DUE TO (b) <b>Chronic Arteriosclerosis Heart &amp; Lung</b> DUE TO (c) <b>4200 H</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b>	
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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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		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 <b>May 4-1957</b> to <b>Sept 8-1963</b> and last saw her alive on <b>Sept 2<sup>nd</sup> 1963</b> Death occurred at <b>9/2/63-12:40 P</b> m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>[Signature]</i>		(Degree & title)		22b. ADDRESS <b>3606 Grand Ave</b>	
22c. DATE SIGNED <b>9/3/63</b>		23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>9-5-63</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Resurrection Cemetery</b>		23d. LOCATION (City, town, or county) <b>St. Louis, County, Mo.</b>		24. FUNERAL DIRECTOR <b>Kriegshauser 4228 S. Kingshighway Blvd.</b>	
25. DATE RECD. BY LOCAL REG. <b>SEP 4 1963</b>		26. REGISTRAR'S SIGNATURE <b>Earl Smith, M.D.</b>			

VS 300 Rev. 4/59

1

2 **223**

3

4 **1**

5 **2**

6

7 **0**

8 **2**

9

10

11

12 **50-0**

13

DATE AMENDED

9-20-63

9-20-63

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

John Kramer

Ida Bernelle

BY AFFIDAVIT OF informant

MEDICAL CERTIFICATION

SHOULD READ

John Bernelle

Ida Kramer

USE BLACK INK OR TYPEWRITER RIBBON

88 2581-41-1

**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

*Edwin J. Mc Dermott*

Licensed Embalmer No. 3024

P. O. Address \_\_\_\_\_

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.