

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-049813

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 12791

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED JAN 6 1964

VS 300 Rev. 4/59	DATE AMENDED
1	
2 2/12/64	
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4 0	
5 1	
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7 1	
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12 75-0	
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS, MO</b>		Length of stay in 1b <b>1 Week</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>		c. CITY OR TOWN <b>St. Louis</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>ST. LOUIS, MO</b>		c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>ST. LOUIS CITY HOSP. #1</b>		d. STREET ADDRESS <b>557 1/2 Waterman Blvd.</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
3. NAME OF DECEASED (Type or print) <b>WILLIAM Jack NEWMAN</b>			4. DATE OF DEATH Month <b>DEC.</b> Day <b>23,</b> Year <b>1963</b>		5. SEX <b>Male</b>		6. COLOR OR RACE <b>Caucasian</b>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	
8. DATE OF BIRTH <b>7-7-01</b>		9. AGE (last birthday) <b>59</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Electrician</b>		11. BIRTHPLACE (City and state or country) <b>New Homestead, Penn.</b>		12. CITIZEN OF WHAT COUNTRY <b>United States</b>		
13a. FATHER'S NAME <b>Charles Newman</b>			13b. MOTHER'S MAIDEN NAME <b>Clara Neumann</b>			14. NAME OF HUSBAND OR WIFE <b>Leslie McNail 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>Mrs. Wm. J. Newman, Sr. 10710 St. Lawrence</b>			Address	
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>Pneumonia, organism unknown</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) <b>491 x H</b>										
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Carcinoma of Bladder</b>								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 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 <b>7:20 A</b> Month, Day, Year <b>12/16/63</b>		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 <b>St. Louis, Missouri</b>		COUNTY <b>Lafayette</b>		STATE
21. I attended the deceased from <b>12/16/63</b> to <b>12/23/63</b> and last saw her/him alive on <b>12/23/63</b> Death occurred at <b>7:20 A</b> m on the date stated above, and to the best of my knowledge, from the causes stated.										
22a. SIGNATURE <b>Arthur J. Donnelly</b>				22b. ADDRESS <b>1515 LAFAYETTE AVE</b>		22c. DATE SIGNED <b>12/23/63</b>				
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>12-26-63</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Lake Charles Cemetery</b>		23d. LOCATION (City, town, or county) <b>St. Louis, Missouri</b>		(State)		
24. FUNERAL DIRECTOR <b>Arthur J. Donnelly 3840 Lindell Blvd.</b>				25. DATE RECD. BY LOCAL REG. <b>DEC 26 1963</b>		26. REGISTRAR'S SIGNATURE <b>Paul Smith, M.D.</b>				

USE BLACK INK OR TYPEWRITER RIBBON

STEIN

**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 *Trones Williamson*

Licensed Embalmer No. 3565

P. O. Address 3840 Lindale

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.