

FILED JUL 18 1968

DEPARTMENT OF PUBLIC HEALTH AND WELFARE - MISSOURI DIVISION OF HEALTH
(PHYSICIAN OR CORONER)

124 68 0030527

CERTIFICATE OF DEATH

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6450DO NOT WRITE
ON THIS STUBVS 300
Rev. 1/68

DECEASED—NAME FIRST MIDDLE LAST		SEX		DATE OF DEATH (MONTH, DAY, YEAR)		
1. <u>John W. Newcomb</u>		2. <u>Male</u>		3. <u>July 3, 1968</u>		
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)		AGE—LAST BIRTHDAY (YEARS)	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (MONTH, DAY, YEAR)	COUNTY OF DEATH
4. <u>White</u>		5a. <u>54</u>	5b. <u>MO.</u>	5c. <u>DAYS</u>	6. <u>Feb. 6, 1914</u>	7a. <u>None</u>
CITY, TOWN, OR LOCATION OF DEATH		INSIDE CITY LIMITS SPECIFY YES OR NO	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)			
7b. <u>St. Louis</u>		7c. <u>Yes</u>	7d. <u>St. Lukes Hospital, St. Louis, Mo.</u>			
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)
8. <u>Missouri</u>		9. <u>U.S.A.</u>		10. <u>Married</u>		11. <u>Edith M. Bessler Newcomb</u>
SOCIA. SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE OR RETIRED)		KIND OF BUSINESS OR INDUSTRY		
12. <u>492 03 7434</u>		13a. <u>Printer</u>		13b. <u>Printing</u>		
RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION		INSIDE CITY LIMITS SPECIFY YES OR NO	STREET AND NUMBER
14a. <u>Mo.</u>		14b. <u>St. Louis</u>	14c. <u>Breckenridge</u>		14d. <u>Yes</u>	14e. <u>9723 Mc Dowell Pl.</u>
FATHER—NAME FIRST MIDDLE LAST		MOTHER—MAIDEN NAME FIRST MIDDLE LAST				
15. <u>John W. Newcomb</u>		16. <u>Lulu Avery</u>				
INFORMANT—NAME		MARRIAGE ADDRESS (STREET, CITY OR TOWN, STATE, ZIP)				
17a. <u>Edith M. Newcomb</u>		17b. <u>9723 Mc Dowell Pl., St. Louis Co. Mo. 63114</u>				
PART I. DEATH WAS CAUSED BY:		[ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
18		IMMEDIATE CAUSE				
(a)		<u>Thrombo phlebitis of Intestinal Veins</u>				<u>1 day</u>
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST		(b) <u>Diabetes mellitus</u>				<u>6 mo</u>
(c)						
PART II. OTHER SIGNIFICANT CONDITIONS; CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (D)		AUTOPSY (YES OR NO)		IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH		
		19a. <u>Yes</u>		19b. <u>Yes</u>		
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)	DATE OF INJURY (MONTH, DAY, YEAR)	HOUR	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)			
20a.	20b.	20c.	M. 20d.			
INJURY AT WORK (SPECIFY YES OR NO)	PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)	LOCATION	(STREET OR R.F.D. NO., CITY OR TOWN, STATE)			
20e.	20f.	20g.				
CERTIFICATION—PHYSICIAN:	MONTH DAY YEAR	MONTH DAY YEAR	MONTH DAY YEAR	AND LAST SAW HIM/HER ALIVE ON	I DID/DID NOT VIEW THE BODY AFTER DEATH.	DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.
21a. I ATTENDED THE DECEASED FROM	<u>April 10 68</u>	21b. <u>7-3-68</u>	21c. <u>7-3-68</u>	21d. <u>Did not</u>	21e. <u>Did not</u>	21f. <u>6:30 P.M.</u>
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.		HOUR OF DEATH		THE DECEASED WAS PRONOUNCED DEAD		
22a.		M. 22b.		DAY YEAR HOUR		
CERTIFIER—NAME (TYPE OR PRINT)		SIGNATURE		DEGREE OR TITLE		DATE SIGNED (MONTH, DAY, YEAR)
23a. <u>Newcomb</u>		<u>Henry W. Miller</u>		<u>M.D.</u>		23c. <u>7-5-68</u>
MAILING ADDRESS—CERTIFIER		STREET OR R.F.D. NO.		CITY OR TOWN		STATE ZIP
23d. <u>40 Windsor</u>		<u>St. Ann, Mo.</u>		<u>63114</u>		<u>Mo.</u>
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY—NAME		LOCATION		
24a. <u>Burial</u>		24b. <u>Mt. Lebanon Cemetery</u>		24c. <u>St. Ann, Mo.</u>		
DATE (MONTH, DAY, YEAR)		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)				
24d. <u>7(6)1968</u>		24e. <u>Collier Mortuary 10123 St. Charles Rd. St. Ann, Mo.</u>				
FUNERAL DIRECTOR—SIGNATURE		REGISTRAR—SIGNATURE		DATE RECEIVED BY LOCAL REGISTRAR		
25a. <u>Henry W. Miller</u>		25b. <u>Neal Smith, M.D.</u>		25c. <u>JUL 5 1968</u>		

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DECEASED

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

PARENTS

CAUSE

CERTIFIER

BURIAL

Type or print in
PERMANENT BLACK INK.
See handbook for instructions.9. 0
10a. 54
10b.
11. 0
12. 1
13. 250-9
14.
15. 3
16.
17.
18. 0
19. CREDITS
20.

63074

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 Sheldon Collins

Licensed Embalmer No. 7382

P. O. Address St. Ann 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.