

26 1929

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

3408

1. PLACE OF DEATH

County St. Louis
Township Carmichael
City St. Louis

Registration District No. 1123
Primary Registration District No. 6248 E
(No. 317 Horn Ave)

File No.
Registered No. 27
St. Ward)

2. FULL NAME

Anthony Neuner

(a) Residence. No. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 16-1929

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or ... min.
0 0 0

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Louis Mo
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Louis J. Neuner

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Osage Co. Missouri
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Johanna Nordman

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Louis Missouri
(STATE OR COUNTRY)

14. INFORMANT Louis J. Neuner
(Address) 317 Horn Ave

15. FILED Jan. 16, 1929 L. C. Obrock, M. D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 16 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan 16th, 1929, to Jan 16th, 1929, that I last saw him alive on Jan 16th, 1929, and that death occurred, on the date stated above, at 7:45 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Congenital Malformation of Head

CONTRIBUTORY (SECONDARY) 1590 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 1590 (duration) yrs. mos. ds.

IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) Joseph Hardy, M. D.

Jan 16, 1929 (Address) 7602 S. Parkway

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Mount Olivet 1/17 29

20. UNDERTAKER ADDRESS

Choppanect U L Co 7804 S. Parkway

New Haven -