

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

Do not use this space.

13207

**1. PLACE OF DEATH**

County \_\_\_\_\_  
Township St. Louis  
City St. Louis (No. \_\_\_\_\_)

Registration District No. 791  
Primary Registration District No. 1003

File No. \_\_\_\_\_  
Registered No. 3767  
St. \_\_\_\_\_ Ward)

**2. FULL NAME**

Edward G. Neudeck  
(a) Residence No. 406 S. 3rd St. 25 Ward.  
(Usual place of abode)

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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 12 1875

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 4 day, hrs. or min.
	<u>53</u>	<u>4</u>	<u>15</u>	

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Laborer  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

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

10. NAME OF FATHER Charles Neudeck

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_  
(STATE OR COUNTRY)

14. INFORMANT Annie Neudeck  
(Address) 406 S. 3rd St.

15. FILED MAR 28 1929  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 27 1929

17. I HEREBY CERTIFY, That I attended deceased from July 1 1928 to March 25 1929 that I last saw h. alive on March 25 1929 and that death occurred, on the date stated above, at 7:30 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Carcinoma of tongue  
45B (duration) 6 mos. yrs. mos. ds.

CONTRIBUTOR (SECONDARY) 43 (duration) \_\_\_\_\_ yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED at home  
IF NOT AT PLACE OF DEATH \_\_\_\_\_

19. DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical  
(Signed) John M. Coopers, M.D.  
, 1929 (Address) 2759 Lafayette

\*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 St. Peter Paul DATE OF BURIAL March 29 1929

20. UNDERTAKER W. P. Collins ADDRESS 228 N. Grand St.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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