

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

Do not use this space.

38571

1. PLACE OF DEATH

County.....
Township.....
City.....

Registration District No. **791**
Primary Registration District No. **1003**
No. **3533 Longfellow Blvd** St. Ward

File No.....
Registered No. **10967**

2. FULL NAME

Adolphe Mari De Neuville

(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) **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Agnes A De Neuville**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Unknown**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
About 70 — — —

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **Retired**
(b) General nature of industry, business, or establishment in which employed (or employer) **Mfg. Ladies Apparel**
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **France**

10. NAME OF FATHER **Unknown De Neuville**

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

12. MAIDEN NAME OF MOTHER **Unknown**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) **h**

14. INFORMANT **Mrs Agnes A De Neuville**
(Address) **3533 Longfellow Blvd**

15. FILED **NOV 10 1929** **Karl W. Fawcett** REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Nov 9 - 1929**

17. I HEREBY CERTIFY, That I attended deceased from **Nov 9** 1929, to **Nov 9** 1929, that I last saw him alive on **Nov 9** 1929, and that death occurred, on the date stated above, at **5:30 a.m.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:

95 B
Arthra non
Tubercular (duration) **30** yrs. mos. ds.

CONTRIBUTORY (SECONDARY) **Cardio-Renal disease** (duration) **(?)** yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED **France**
IF NOT AT PLACE OF DEATH, **3533 Longfellow Blvd**

DID AN OPERATION PRECEDE DEATH? **No** DATE OF **—**
WAS THERE AN AUTOPSY **—**

WHAT TEST CONFIRMED DIAGNOSIS **—**
(Signed) **Louis Passerin** M. D.
Nov. 9, 1929. (Address) **3545 Longfellow Blvd**

*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 **Home** DATE OF BURIAL **11-11 1929**

20. UNDERTAKER **Arthur J. Donnelly** ADDRESS **2039 Wash St**

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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Mr Lewis H. ...

University Club Bldg

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County..... Registration District No. 291 File No.....
Township..... Primary Registration District No. 1003 Registered No. 10967
City St Louis Mo (No. 35-33 Longfellow Ave) St. Ward)

2. FULL NAME

Adolphe Mari De Neville
(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 <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Agnès G. Neville</u>				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>12-17-1884</u>				
7. AGE <u>84</u>	YEARS	MONTHS <u>10</u>	DAYS <u>22</u>	IF LESS than 1 day,hrs. ormin.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. <u>Retired</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>Manufacturer Paris Attachment</u> (c) Name of employer				
9. BIRTHPLACE (CITY OR TOWN) <u>Paris</u> (STATE OR COUNTRY) <u>France</u>				
PARENTS	10. NAME OF FATHER			
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Unknown</u> (STATE OR COUNTRY)			
	12. MAIDEN NAME OF MOTHER <u>Unknown</u>			
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>unknown</u> (STATE OR COUNTRY)			

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 9 1929
17. I HEREBY CERTIFY That I attended deceased from Nov. 9 1929 to Nov 9 1929 that I last saw h. alive on Nov 9, 1929, and that death occurred, on the date stated above, at 5:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Asthma (duration) ? yrs. mos. ds.
CONTRIBUTORY Cardio-Renal Disease (SECONDARY) (duration) ? yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....
DID AN OPERATION PRECEDE DEATH? no DATE OF.....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS Physical Examination
(Signed) Louis Rasmussen M. D.

Nov. 15 1929 (Address) 318 University Club Bldg

*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 <u>Calvary Cemetery</u>	DATE OF BURIAL <u>Nov 11th 1929</u>
20. UNDERTAKER <u>Arthur G. Donnelly</u>	ADDRESS <u>3846 Lindell Blvd</u>

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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATE UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

SUPPLEMENTARY

14. INFORMANT Agnès G. Neville
(Address) 3533 Longfellow Blvd
15. FILED 12 19 29 W. C. Harkley REGISTRAR

1586-275

City of St Louis }
State of Missouri }^{ss}

Before me John E. Corrigan
Notary Public in and for the City of St Louis
on this day personally appeared

Agnes A. Neville to me known and made
oath, that she is the widow of
Adolph Neville who died on the 9th day of
November 1929 and at the time "the age
given for the burial record as approximately
Seventy years (70) is a mistake
that his true and correct age is
84 years 10 mos. and 22 days that he was
born on the 17th day of Dec. 1884.

RECEIVED
THE STATE BOARD OF HEALTH
OF MISSOURI.

Signed Agnes A. Neville

Subscribed and sworn to before me this
16th day of December 1929.

My Term Expires
November 11th 1930

John E. Corrigan
Notary Public
St Louis

RECEIVED
DEC 18 1929
THE STATE BOARD OF HEALTH
OF MISSOURI.