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.

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

Do not use this space ~~3104~~

3402 ~~2884~~

1. PLACE OF DEATH

County ..... Registration District No. 791 1003 File No. 900

Township ..... Primary Registration District No. ..... Registered No. .....

City St Louis (No. 4120 Lexington Av St. ..... Ward)

2. FULL NAME Joseph Neubauer

(a) Residence. No. ..... St., 10 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 15 1872

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	57	4	12	

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

131 9 9

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

PARENTS

10. NAME OF FATHER Joseph Neubauer

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Edward Neubauer
(Address) 4120 Lexington Av

15. FILED JAN 28 1930 Max C Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1/27 1930

17. I HEREBY CERTIFY, That I attended deceased from 1/25, 1930, to 1/27, 1930 that I last saw him alive on 1/25, 1930, and that death occurred, on the date stated above, at 1 40 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cardiac decompensation.
Chronic Myocarditis.
Auricular Fibrillation
(duration) ....yrs. ....mos. 10 ds.

CONTRIBUTORY (SECONDARY) Chronic nephritis
(duration) 3 yrs. 6 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? Clinical
(Signed) Alexander J. Kotkis M. D.
1/27, 1930 (Address) 4119 Farlin

*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
Park Lawn	1-29 1930
20. UNDERTAKER	**ADDRESS**
Arthur J Donnelly	2039 Wash St

152 1 33 31

Dr Kotkis

4100 National Bridge
2-3
Co 0079