

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

Do not use this space
3509

~~3194 2038~~

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City **St Louis** (No. **5134** **Enright**)..... St. Ward)

File No.
Registered No. **1010**

2. FULL NAME

Chas H. Neum

(a) Residence. No. **5134 Enright St., 12** Ward.

(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 **Augusta Neum**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Apr 10, 1852**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
77 9 19

8. OCCUPATION OF DECEASED **Clerk**
(a) Trade, profession, or particular kind of work. **Assessors Office 118**
(b) General nature of industry, business, or establishment in which employed (or employer) **City of St Louis 9**
(c) Name of employer

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

10. NAME OF FATHER **Henry Neum**

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

12. MAIDEN NAME OF MOTHER **Caroline Unknown**

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

14. INFORMANT **Judge Walter J. H. Neum**
(Address) **5915 Chestnut Ave**

15. FILED **31 1935** **May C. Stanley** REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3
16. DATE OF DEATH (MONTH, DAY AND YEAR) **Jun 29th - 1930**

17. I HEREBY CERTIFY, That I attended deceased from **8:30 A.M. January - 29th**, 1930, to **8:30 P.M. Jan 29th**, 1930 that I last saw him alive on **8 P.M. Jan 29th**, 1930, and that death occurred, on the date stated above, at **8:130** P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cardiac Incompetency Dilatation induced by acute attack of MI - digested from eating fried C. Steak. (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) **Arterio Sclerosis** (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED **900**

IF NOT AT PLACE OF DEATH.....
DID AN OPERATION PRECEDE DEATH? DATE OF.....
WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) **William H. Hales** M. D.
1-30 - 1930 (Address) **5701 Delmar 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 **New St Marcus Cem** DATE OF BURIAL **Feb 9, 1930**

20. UNDERTAKER **Alexander and Sons** ADDRESS **6175 Delmar**

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.

10 - 1852

5101 Delmar - Dec. 31/44