

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

Do not use this space.

18009

1. PLACE OF DEATH

County..... Registration District No. 791
Township St. Louis, Mo. Primary Registration District No. 1003
City St. Louis, Mo. (No. 2937 & Hickory) St. _____ Ward _____

File No. _____
Registered No. 5162
St. _____ Ward _____

2. FULL NAME

Alice Neely
(a) Residence. No. 2937 & Stepony St. 22 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 Female 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 _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 25-1877.

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>52</u>	<u>5</u>	<u>29</u>		

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work House Wife ⁸³
(b) General nature of industry, business, or establishment in which employed (or employer) GA
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

10. NAME OF FATHER Chas. W. Miller

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

12. MAIDEN NAME OF MOTHER Euphemia High

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

14. INFORMANT Louisa Neely
(Address) 2937 & Hickory

15. FILED MAY 26 1930 W. C. STANTON
19 _____ REGISTER

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 24-1930.
17. I HEREBY CERTIFY, That I attended deceased from May 23 '30 to May 23 '30, 1930, and that I last saw h. or alive on May 23 '30, and that death occurred, on the date stated above, at 10:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral softening & paralysis of the insane
Luetic (duration) ? yrs. ? mos. ds.
CONTRIBUTORY Endocarditis chronica (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 clinical
(Signed) Edward M. Staebler, M. D.
5/24, 1930. (Address) 1439 Chouteau

*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. Matthew DATE OF BURIAL 5/27 1930.

20. UNDERTAKER Ziegenhein Bros. 2623 Cherokee ADDRESS _____

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.

Dr. Edward M. Staebler

