

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

Do not use this space.

31353

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City **St. Louis** (No. **5529 Vernon Ave.**)..... St. Ward)

File No.
Registered No. **8955**.....

2. FULL NAME

William C. Neusmann
(a) Residence. No. **5529 Vernon Ave.**, **5** 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. da. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Male</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <i>Married</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Effie Neusmann</i>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <i>Sept. 4 1872</i>		
7. AGE	YEARS <i>58</i>	MONTHS <i>—</i>
	DAYS <i>8</i>	IF LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. <i>Dep. City Tax Collector</i> (b) General nature of industry, business, or establishment in which employed (or employer). (c) Name of employer		

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

St. Louis Mo

10. NAME OF FATHER

Unknown

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

Unknown

12. MAIDEN NAME OF MOTHER

Unknown

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

Unknown

14. INFORMANT (Address)

*Effie Neusmann
5529 Vernon Ave*

15. FILED

SEP 15 1930

*W. A. ...
REGISTRAR*

MEDICAL CERTIFICATE OF DEATH

2 16. DATE OF DEATH (MONTH, DAY AND YEAR) *Sept. 12 1930*

17. I HEREBY CERTIFY, That I attended deceased from *August 15 1930* to *Sept 12 1930*, that I last saw him alive on *Sept 12 1930* and that death occurred, on the date stated above, at *7 P. M.*

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic myocarditis

CONTRIBUTORY (SECONDARY) *Chronic Intestinal*
rephritis (duration) *1* yrs. — mos. — ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH *Home*
DID AN OPERATION PRECEDE DEATH? *No* DATE OF
WAS THERE AN AUTOPSY? *No*

WHAT TEST CONFIRMED DIAGNOSIS *Urine - Blood - Urine - Heart - Blood*
(Signed) *Scott Hauer M.D.*

Sept 13 1930 (Address) *Mo Bldg. Suite 1106-12*

*State the DISEASE CAUSING DEATH, or in death 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. Matthews DATE OF BURIAL *Sept. 15 1930*

20. UNDERTAKER

Wm F. Paschdag ADDRESS *2825 Grand Bl*

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.

