

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

Do not use this space.

36195

File No. _____
Registered No. **10726**
St. _____ Ward _____

1. PLACE OF DEATH

County _____ Registration District No. _____
Township _____ Primary Registration District No. _____
City **St. Louis, Mo.** (No. **Southern Hospital**)

2. FULL NAME

(a) Residence, No. **3134 Victoria** St., **17** Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred **7** yrs. **mo.** **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 Margaret Neede		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 15 1857		
7. AGE	YEARS 74	MONTHS 3
	Days 5	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Undertaker	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 11 11	
	10. Date deceased last worked at this occupation (month and year) 1931	
11. Total time (years) spent in this occupation _____		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.		
FATHER	13. NAME Fred Neede	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany	
MOTHER	15. MAIDEN NAME Katharine Trune	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany	
17. INFORMANT Mrs. Margaret Neede (ADDRESS) 3134 Victoria St.		
18. BURIAL OR REMOVAL PLACE Cathedral Cemetery, Oct 9th 1931		
19. UNDERTAKER Hauch & Smith (ADDRESS) 2732 S. Grand Blvd.		
20. FILED Oct 22 1931 Max L. Starkloff Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Oct 20th 1931**

22. I HEREBY CERTIFY, That I attended deceased from **Oct 2nd 1931** to **Oct 30th 1931**

I last saw him alive on **Oct 20th 1931** Death is said to have occurred on the date stated above, at **2:30 p.m.**

The principal cause of death and related causes of importance were as follows:
Myocarditis Acute Date of onset _____
Operation for Hypertrophy of Prostate _____
Prostatic Obstruction _____

Other contributory causes of importance:
Prostatic Obstruction _____

Name of operation **Prostatectomy** Date of operation **Oct 1931**

What test confirmed diagnosis **Hypertrophy of Prostate** Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide or homicide? _____ Date of injury _____, 19____
If death due to injury, specify (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? **No**
If so, specify **Estabrook**
(Signed) **J. Neede** M. D.
(Address) **3115 J. Neede Rd**

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.

