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.

10442

File No.

Registered No. 2490

1. PLACE OF DEATH

County ..... Registration District No. .....

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

City ST. LOUIS MO. (No. 4246 LEXINGTON AVENUE. St. ..... Ward)

2. FULL NAME FRANK STEWART NEILL.

(a) Residence, No. 4246 LEXINGTON AVENUE. St., 11 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: 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: MYRTLE NEILL.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 8/6/1869.

7. AGE: YEARS 62 | MONTHS 7 | DAYS 7 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: BUILDING

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: CONTRACTOR.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ILLINOIS.

FATHER

13. NAME: STEWART NEILL.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): NOT KNOWN.

MOTHER

15. MAIDEN NAME: MARGARET SCHOLES.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): NOT KNOWN.

17. INFORMANT (ADDRESS): Mrs Myrtle Neill. 4246 Lexington Avenue.

18. BURIAL, CREMATION, OR REMOVAL

PLACE: OAK GROVE. DATE: 3/16/32, 19

19. UNDERTAKER (ADDRESS): Provost Fund Co. 8710 N Grand Blvd

20. FILED: MAR 15 1932, 19 Max C Starkey Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 3/13/32, 19

22. I HEREBY CERTIFY, That I attended deceased from Mar 5, 1932, to Mar 13, 1932

I last saw him alive on Mar 13, 1932. Death is said to have occurred on the date stated above, at 11 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis - chr	
Peritonitis -	

Other contributory causes of importance:

Acute cholecystitis, cholelithiasis

Name of operation: Appendectomy Cholecystectomy Date of 3/9/32

What test confirmed diagnosis? None 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

Where did injury occur? ..... (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 .....

(Signed) Roland S Kieffer, M. D.

(Address) 4500 Olive