

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

Do not use this space.
21352
File No. _____
Registered No. **5910**
St. _____ Ward _____

1. PLACE OF DEATH

County _____ Registration District No. **191**
Township _____ Primary Registration District No. **2**
City _____ (No. **4461, Clarence Ave**) St. _____ Ward _____

2. FULL NAME

Herman Neumann
(a) Residence, No. **4461 Clarence** St., **10** Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred **48** 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) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Caroline Neumann		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-17-1853		
7. AGE YEARS 77	MONTHS 57	DAYS 5
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pattern Maker		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
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) Germany 10		
13. NAME Frederick Neumann		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany		
15. MAIDEN NAME Unknown		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany		
17. INFORMANT Mrs Clara Coleman (ADDRESS) 4461 Clarence		
18. BURIAL, CREMATION, OR REMOVAL PLACE Friends DATE 6/25 19 32		
19. UNDERTAKER W. A. Stock and Co. (ADDRESS) 7117 Grand		
20. FILED 23 1932 May C. Stanley Registrar		

MEDICAL CERTIFICATE OF DEATH

2

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 22** 19**32**

22. I HEREBY CERTIFY, That I attended deceased from **Nov. 7** 19**31**, to **June 22** 19**32**

I last saw him alive on **June 21** 19**32** Death is said to have occurred on the date stated above, at **2:10 P.** m.

The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage Date of onset **11/7/31**
Arterio sclerosis ?

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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? _____
If so, specify _____
(Signed) **Leth P. Smith**, M. D.
(Address) **4500 Clarence Ave**

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.

