

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

Do not use this space.

41856

1. PLACE OF DEATH

County..... Registration District No. 780
Township..... Primary Registration District No. 700
City St. Louis (No. 3737 West Pine Blvd.) St. _____ Ward _____

File No. _____
Registered No. 10944
St. _____ Ward _____

2. FULL NAME

Elizabeth K. Neil
(a) Residence, No. 3737 West Pine, 19 Ward.
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF James Neil

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 14 - 1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
68 9 25

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. X 235
10. Date deceased last worked at this occupation (month and year) X 11. Total time (years) spent in this occupation X

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England 8

MOTHER FATHER 13. NAME Isaac Lamb

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

MOTHER FATHER 15. MAIDEN NAME Katharine Sherlock

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

17. INFORMANT Mrs. Mabel Weisman (Daughter)
(ADDRESS) 3509 Belmont Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACES Calvary Cemetery DATE Dec. 12, 1932

19. UNDERTAKER Dean Hoffmeister
(ADDRESS) 4016 Phillips Ave.

20. FILED DEC 10 1932 W. C. Stortz
19 32 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12 - 9, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 25, 1932, to Dec. 9, 1932

I last saw her alive on Dec. 9, 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:

Chronic myocarditis
93c.

Date of onset

Other contributory causes of importance:

Name of operation Elizabeth K. Neil Date of _____
What test confirmed diagnosis? Clinical Was there an autopsy? No

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) Orrick E. Smith, M. D.
(Address) 4115 W. Pine

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.

