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.

14820

File No.

Registered No. 3336

1. PLACE OF DEATH

County

Township

City St. Louis (No. City Hospital St. Ward)

Registration District No. 791

Primary Registration District No. 1003

#21530

2. FULL NAME William Nealy

(a) Residence, No. 413 a Maffitt St. Ward. 11
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
male	white	single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 17th-1888

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	44	7	24	

OCCUPATION

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

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) St Louis Mo

FATHER

13. NAME Wm. Nealy

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

MOTHER

15. MAIDEN NAME Catherine Hoban

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Mo.

17. INFORMANT (ADDRESS) Hospital Information Grace Hosp. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Calvary Cem. DATE April 12 1933

19. UNDERTAKER (ADDRESS) Mullen Und Co. 5161 Delmar Blvd.

20. FILED APR 11 1933 19 Max C Stanley Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 10th 1933

22. I HEREBY CERTIFY, That I attended deceased from Mar 17th 1933, to April 10th 1933

I last saw him alive on April 10th 1933. Death is said to have occurred on the date stated above, at 12.4 m. S.a.m.

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

	Date of onset
Chr Myocarditis	
34	
436 34	

Other contributory causes of importance:

CNS lues

Name of operation Laboratory Date of

What test confirmed diagnosis? 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) Jerome Hinson, M. D.

(Address) City Hospital

Meaty