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.

21410

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 103 Registered No. 5191

City St Louis (No. Union Station St. ..... Ward)

2. FULL NAME Arthur Neumann

(a) Residence, No. RFD #6 Box 222 Webster Groves Mo Ward. 22
(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) Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 8-1880

7. AGE YEARS 52 MONTHS 10 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. Germinal R R Asst

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

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 Christ Neumann

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

MOTHER

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Arthur Neumann RFD #6 Webster Groves Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Sunset DATE June 16 1933

19. UNDERTAKER (ADDRESS) Wacker Helderle 2331 S Broadway

20. FILED JUN 13 1933 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 13 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan. 10 — 1930, to June 13 — 1933

I last saw him alive on 6 — 10 — 1933. Death is said to have occurred on the date stated above, at 9 m.

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

chronic myocarditis

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Date of onset

Other contributory causes of importance: Chronic parenchymatous nephritis.

Name of operation — 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? no.

If so, specify

(Signed) John E. Keim, M. D.

(Address) 2734 Mo. Nair Ave.