

MAY 25 1934

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

Do not use this space.

1. PLACE OF DEATH

County St. LouisRegistration District No. 790Township CentralPrimary Registration District No. 60330City Clayton(No. St. Louis County Hospital)File No. 14145Registered No. 104 St. _____ Ward)

2. FULL NAME

(a) Residence, No. 4515 Ravenwood Ave St. _____ Ward.

(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

Female

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

John Neighbois

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Nov-7-1860

7. AGE

YEARS

73

MONTHS

5

DAYS

4

If LESS than 1 day, hrs. or min.

OCCUPATION

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

Housework

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)

Chicago Ill.

13. NAME

Basil Slury

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

Switzerland

15. MAIDEN NAME

Unknown

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

Switzerland

17. INFORMANT

(ADDRESS) August Slury
4982 Farnley Ave

18. BURIAL, CREMATION, OR REMOVAL

PLACE Memorial Park DATE April 13, 1934

19. UNDERTAKER

(ADDRESS) Mahler, Neph Co.
4725 St. Louis Ave

20. FILED

Apr. 12, 1934 Robt. J. Ambrose
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 11, 193422. I HEREBY CERTIFY, That I attended deceased from 4-6, 1934, to 4-11, 1934.I last saw her alive on 4-11, 1934. Death is saidto have occurred on the date stated above, at 9:20 p.m.

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

Cerebral hemorrhage, Date of onset
(right) - left hemiplegia 4-5-34

Other contributory causes of importance:

Hypertension
arteriosclerosis

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? Yes23. 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? Yes

If so, specify.....

(Signed) Darwin Westphal, M. D.(Address) St. Louis 6 Hosp.

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.

Mahler

MAHNER