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

Do not use this space.

22382

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 22382

Township ..... Primary Registration District No. 1003 Registered No. 6166

City St Louis (No. ~~3435 Minnesota Ave~~ En Route to Hosp. St. ..... Ward)

2. FULL NAME Geo Neuner

(a) Residence, No. 3435 Minnesota St., 16 Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M.

4. COLOR OR RACE W.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 19 1865

7. AGE YEARS 68 MONTHS 6 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. Laborer

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) Mo

FATHER

13. NAME John Neuner

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) Louise K Neuner 3435 Minnesota Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove Cem DATE 6-26-1934

19. UNDERTAKER (ADDRESS) Louis H Bopp Kirkwood Mo

20. FILED JUN 25 1934 19 J F Biedeck Registrar.

MEDICAL CERTIFICATE OF DEATH

Wed Phy in attendance

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-23-1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 3450 m.

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

Fuel Gas Poisoning self administered at residence

Date of onset

Other contributory causes of importance:

Suicide 164

Name of operation ..... 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~~? Suicide Date of injury 6/23/1934

Where did injury occur? St Louis Mo (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Fuel Gas Poisoning

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Harold Delany, M.D.

(Address) Dispor

6/25/34

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.