

JUN 26 1936

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

Do not use this space.

21571

1. PLACE OF DEATH

County St. Louis Registration District No. 1123 File No. \_\_\_\_\_  
Township \_\_\_\_\_ Primary Registration District No. 6248 B Registered No. 191  
City Jefferson Barracks (No. Missouri Veterans Hosp) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Paul A. J. NEUMANN

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward. RED BUD, ILLINOIS  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred un yrs. kn mos. wn ds. How long in U.S., if of foreign birth? un yrs. kn mos. wn ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (☐) WIFE OF (☑) <u>Mrs. Esther Neumann</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>January 6, 1894</u>				
7. AGE	YEARS <u>42</u>	MONTHS <u>4</u>	DAYS <u>13</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Clerk</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>unavailable</u>			
	10. Date deceased last worked at this occupation (month and year) <u>unavailable</u>			
				11. Total time (years) spent in this occupation <u>unknown</u>
12. BIRTHPLACE (CITY OR TOWN) <u>Bethlehem</u> (STATE OR COUNTRY) <u>Illinois</u>				
FATHER	13. NAME <u>unavailable</u>			
	14. BIRTHPLACE (CITY OR TOWN) <u>unavailable</u> (STATE OR COUNTRY) <u>unavailable</u>			
MOTHER	15. MAIDEN NAME <u>unavailable</u>			
	16. BIRTHPLACE (CITY OR TOWN) <u>unavailable</u> (STATE OR COUNTRY) <u>unavailable</u>			
17. INFORMANT <u>M. Schilling</u> (ADDRESS) <u>Clinical Clerk</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Red Bud Ill</u> DATE <u>May 19, 1936</u>				
19. UNDERTAKER <u>Dawhmer</u> (ADDRESS) <u>Red Bud Ill</u>				
20. FILED <u>May 19, 1936</u> <u>G. Maury</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 19 .19 36

22. I HEREBY CERTIFY, That I attended deceased from May 18, 19 36 to May 19, 19 36  
I last saw him alive on May 19, 19 36 Death is said to have occurred on the date stated above, at 12:50 m. p.m.  
The principal cause of death and related causes of importance were as follows:  
Lobar Pneumonia Date of onset unknown

Other contributory causes of importance:  
Cirrhosis of Liver, large fatty type, Numerous Varicosities of the distal portion of the Esophagus unknown

Name of operation none Date of \_\_\_\_\_  
Clinical manifestations, phy. exam. \_\_\_\_\_  
What test confirmed diagnosis laboratory Was there an autopsy? Yes

23. (a) (b) 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) C. W. Hughes  
(Address) C. W. HUGHES, Chief Medical Officer  
Jefferson Barracks, Missouri

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.

1

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

26

27

28

29

30

31

32

33

34

35

36

37

38

39

40

41

42

43

44

45

46

47

48

49

50

51

52

53

54

55

56

57

58

59

60

61

62

63

64

65

66

67

68

69

70

71

72

73

74

75

76

77

78

79

80

81

82

83

84

85

86

87

88

89

90

91

92

93

94

95

96

97

98

99

100

101

102

103

104

105

106

107

108

109

110

111

112

113

114

115

116

117

118

119

120

121

122

123

124

125

126

127

128

129

130

131

132

133

134

135

136

137

138

139

140

141

142

143

144

145

146

147

148

149

150

151

152

153

154

155

156

157

158

159

160

161

162

163

164

165

166

167

168

169

170

171

172

173

174

175

176

177

178

179

180

181

182

183

184

185

186

187

188

189

190

191

192

193

194

195

196

197

198

199

200

201

202

203

204

205

206

207

208

209

210

211

212

213

214

215

216

217

218

219

220

221

222

223

224

225

226

227

228

229

230

231

232

233

234

235

236

237

238

239

240

241

242

243

244

245

246

247

248

249

250

251

252

253

254

255

256

257

258

259

260

261

262

263

264

265

266

267

268

269

270

271

272

273

274

275

276

277

278

279

280

281

282

283

284

285

286

287

288

289

290

291

292

293

294

295

296

297

298

299

300

301

302

303

304

305

306

307

308

309

310

311

312

313

314

315

316

317

318

319

320

321

322

323

324

325

326

327

328

329

330

331

332

333

334

335

336

337

338

339

340