

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

Do not use this space.

1. PLACE OF DEATH

County

Township

City St. Louis (No.)

FEB 8 1937

Registration District No.

Primary Registration District No.

791

1003

File No.

Registered No.

4083

1126

St. Ward)

2. FULL NAME

(a) Residence, No. 4758 Anderson St., 7 Ward. 1

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Cecelia (Stellern) Neske

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 5 - 1896

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>40</u>	<u>9</u>	<u>20</u>	

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Fisher Body Co.

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

13. NAME Jos. Neske

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

15. MAIDEN NAME Marg. Wohlman

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

17. INFORMANT (ADDRESS) Celia Neske 4758 Anderson Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE Jan. 27, 1937

19. UNDERTAKER (ADDRESS) Wrensburg Wood Co 4740 W. ...

20. FILED **JAN 25 1937** St. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 25, 1937

22. I HEREBY CERTIFY, That I attended deceased from 1/19, 1937, to 1/25, 1937

I last saw him alive on 1/24, 1937. Death is said to have occurred on the date stated above, at 6:09 a.m. (1/25/37)

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

Pneumonia (Bronchial) following influenza (catarrhal)

Other contributory causes of importance: 11

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? 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) W. B. Nelson, M. D.

(Address) 4555 Lewis Ave

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.

Mr. [illegible]

APR 1 1948