JUN 12 1937

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

Do not use this space.

18813

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis (No. City Hospital, #1. St. ..... Ward)

File No. ..... Registered No. 5389

2. FULL NAME Oscar Odies Neill

(a) Residence, No. 2026 S. Broadway St., 23 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: 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: Mary Neill

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April, 15-1896.

7. AGE: YEARS 41 MONTHS 1 DAYS 14 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Brooms 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): East Prairie Missouri

FATHER

13. NAME: Nathan Neill

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

MOTHER

15. MAIDEN NAME: Rebecca Presson

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

17. INFORMANT (ADDRESS): Mary Neill 2026 S. Broadway

18. BURIAL, CREMATION, OR REMOVAL

PLACE: Blytheville Ark. DATE: June 1, 1937

19. UNDERTAKER (ADDRESS): Wacker-Helderle 2331 S. Broadway

20. FILED MAY 30 1937 19..... J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

No Attending Physician

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May, 29th. 1937

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 8.15 A.M.

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

Internal hemorrhage from punctured left leg; fractured of ribs, fracture of right humerus and subdural hemorrhage of brain as a result of being struck by a chevrolet coach driven by one

Other contributory causes of importance:

within hypchurch, at intersection of Jefferson and Geyer Ave on May 28th at 2:30 o'clock P.M.

whether criminal or accidental could not be ascertained

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

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

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Open Verdict Date of injury 5/28, 1937

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. Public place

Manner of injury Struck by auto

Nature of injury Hemorrhage

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

If so, specify .....

(Signed) Alfred J Perry, M.D.

(Address) Deputy Coroner.

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.