SEP 10 1937

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

29359
Do not use this space.

1. PLACE OF DEATH
(a) County
(b) Township
(c) City St. Louis
Registration District No. 791
Primary Registration District No. 1003
Registered No. 7992
(d) Street No. U.S. Marine Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. 15 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Forrest T. Neal
(a) Residence, No. Lexington, Mo. St. NP Lexington, Missouri.
(Usual place of abode, if no street address, write county or city) (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): Simgle

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF **********

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 22 1905.

7. AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
32	3	3	

29

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Pilot
9. Industry or business in which work was done, as saw mill, bank, etc. U.S. Engineer Dept.
10. Date deceased last worked at this occupation (month and year) 7 years ago
11. Total time (years) spent in this occupation 7 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lexington, Missouri.

FATHER
13. NAME Knapp Neal
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri.

MOTHER
15. MAIDEN NAME Ellen Cooney
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri.

17. INFORMANT U.S. Marine Hospital Records
(ADDRESS) 3640 Marine ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lexington, Mo. DATE August 26 1937

19. FUNERAL DIRECTOR C. Hoffmeister U.&L.Co.
(ADDRESS) 7814 S. Broadway

20. FILED AUG 26 1937 J. L. Bredeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Aug. 6, 1937, 19..., to Aug. 25, 1937, 19...
I last saw him alive on Aug. 25, 1937, 19... Death is said to have occurred on the date stated above, at 8.45 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lymphosarcoma of mesenteric nodes	Unknown

Other contributory causes of importance: None

Name of operation Appendectomy Date of 8-3-37
What test confirmed diagnosis Clinical and laboratory. Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: No
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) J. T. Dalloughery, A.A.Surg. USPHS
(Address) U.S. Marine Hospital, St. Louis, Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

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 X12004

STATEMENT BY LICENSED EMBALMER

I, George W. Hoffmeister, Licensed Embalmer No. 2426

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Linus C. Hoffmeister, Licensed Embalmer, L. No. 3871 L. E. and Leo J. Budde, Licensed Embalmer, L. No. 2989

No. ..... or by ....., Registered Apprentice No. .....

working under my personal supervision.

Signed Geo W. Hoffmeister

Licensed Embalmer No. 2426

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)