

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.

OCT 14 1937

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

32762
Do not use this space.

1. PLACE OF DEATH
 (a) County
 (b) Township
 (c) City St. Louis (d) Street No. DePaul Hospital St. 9
 (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 66 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

791
1003

Registered No. 8816

2. PRINT FULL NAME John T. Neagle
 (a) Residence, No. 2107 College St. 9
 (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) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Caroline Neagle
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 25, 1870
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
66 9 25
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Salesman
 9. Industry or business in which work was done, as saw mill, bank, etc. Self
 10. Date deceased last worked at this occupation (month and year) 1934
 11. Total time (years) spent in this occupation 43

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

FATHER 13. NAME Micheal Neagle

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER 15. MAIDEN NAME Mc Cue

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT (ADDRESS) Frank Neagle
2105 Cottage

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE Sept. 22, 1937

19. FUNERAL DIRECTOR (ADDRESS) Cullen & Kelly
1416 N. Taylor

20. FILED SEP 21 1937 J. P. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-12-37
 22. I HEREBY CERTIFY, That I attended deceased from 9-14-37, 1937, to 9-19-37, 1937.
 I last saw him alive on 9-18-37, 1937. Death is said to have occurred on the date stated above, at 10:00 a.m.
 The principal cause of death and related causes of importance were as follows:

Cancer of Pyloric end of Stomach
 Date of onset 1935

Other contributory causes of importance:
Complete obstruction of Stomach - Acute Dehiscence

Name of operation No Date of No
 What test confirmed diagnosis? X-ray 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 None
 (Signed) Mathew C. ..., M. D.
 (Address) 5738 N. Flourish

STATEMENT BY LICENSED EMBALMER

I, Clement McNeary, Licensed Embalmer No. 3732

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Clement McNeary

L. E.

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

working under my personal supervision.

Signed

Clement McNeary

Licensed Embalmer No. 3732

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.)