

DEC 28 1937

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

42453

Do not use this space.

## 1. PLACE OF DEATH

(a) County ST. LOUIS Registration District No. 290  
(b) Township Clayton Primary Registration District No. 60337 Registered No. 430  
(c) City Clayton (d) Street No. ST. LOUIS COUNTY 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. 2 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME DESSIE McNEELY

(a) Residence, No. NR St. JACKSON, MO  
(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 FEMALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) SINGLE

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) DEC 28 - 1892

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
44 10 21

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. SCHOOL TEACHER  
9. Industry or business in which work was done, as saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year) Nov. 17, 1937 11. Total time (years) spent in this occupation 22 YRS

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) JACKSON MO

13. NAME JOHN T. McNEELY

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) JACKSON MO

15. MAIDEN NAME JENNIE STEVENSON

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) JACKSON MO

17. INFORMANT MRS. C. A. POE  
(ADDRESS) 2916 WALTON ROAD

18. BURIAL, CREMATION, OR REMOVAL PLACE JACKSON, MO DATE Nov. 21, 1937

19. FUNERAL DIRECTOR Albert H. Hoyer  
(ADDRESS) 429 N. Euclid

20. FILED 11/30 37 Dr. J. J. Signorelli  
Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 19 1937

22. I HEREBY CERTIFY, That I attended deceased from

I last saw him alive on ..... 19..... Death is said to have occurred on the date stated above, at 4 A. m.

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

Cerebral Hemorrhage

Date of onset

Other contributory causes of importance:

Name of operation None 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? 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) John O. Conall, M. D.

(Address) St. Louis Co.

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**STATEMENT BY LICENSED EMBALMER**

I, ....., Licensed Embalmer No.....

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

.....L. E. ....

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

working under my personal supervision.

Signed

*C. C. West & Hoff*

Licensed Embalmer No..... *2971*

**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.)**