

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.

MISSOURI STATE BOARD OF HEALTH

FEB 12 1938

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

869
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791**

(b) Township..... Primary Registration District No. **1003**

(c) City **St. Louis** (d) Street No. **St. Anthony's Hospital** Registered No. **725**

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **William L. Neun . 500**

(a) Residence, No. **2632 Virginia Ave.** St. **17** (If nonresident, give city or town and State)

(Usual place of abode, if no street address, write county or city)

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 **Christina Neun**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Nov. 1st, 1860.**

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.

77 2 19

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. (Retired 5yrs.)

9. Industry or business in which work was done, as saw mill, bank, etc. **Sheet Metal 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, Mo.**

13. NAME **Louis Neun**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

15. MAIDEN NAME **Unknown**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**

17. INFORMANT **Dr. Wm. F. Neun** (ADDRESS) **5862 Delor St.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **St. Paul Churchyard Jan. 24- 1938**

19. FUNERAL DIRECTOR **Wacker-Helderle** (ADDRESS) **2331 S. Broadway**

20. FILED **JAN 21 1938** Local Registrar. **J. Bredeck**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Jan. 20th, 1938**

22. I HEREBY CERTIFY, That I attended deceased from **Jan 11th, 1938, to Jan 20, 1938**

I last saw him alive on **Jan 19, 1938** Death is said to have occurred on the date stated above, at **7.15 A.M.**

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

Broncho Pneumonia Acute Date of onset **Jan 10-38**

Nephritis Chronic ?

Myocarditis Chr ?

Other contributory causes of importance: **12/1**

Name of operation **None** Date of operation

What test confirmed diagnosis? **X-Ray Chest and ECG tests** Was there an autopsy?

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) **Robert S. Warner**, M. D. (Address) **1115 Paul Brown Bldg. St. Louis, Mo.**

STATEMENT BY LICENSED EMBALMER

I, Robert Wheeler, Licensed Embalmer No. 2128

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

L. E.

No. 2128 or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed Robert Wheeler

Licensed Embalmer No. 2128

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.)