

REC'D APR 11 1938

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

9052

Do not use this space.

1. PLACE OF DEATH

(a) County
 (b) Township
 (c) City St. Louis, Mo. (d) Street No. City Hosp #1 Registration District No. 791
 Primary Registration District No. 1003 Registered No. 2641
 (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

(a) Residence, No. 2622 1/2 7th St St. St. Louis 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 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 alpha nevel

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-14-1881

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
56 3 5

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Carpenter
 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)
 11. Total time (years) spent in this occupation

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

FATHER 13. NAME Nathan Nevel
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arkansas

MOTHER 15. MAIDEN NAME Mary Reader
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT (ADDRESS) City Hosp Inf
M. Stahl18. BURIAL, CREMATION, OR REMOVAL PLACE DATE Alphaville, Ark. Mar. 20 193819. FUNERAL DIRECTOR (ADDRESS) Wheeler Bros
2201 So. Grand St20. FILED J. P. Brudick
M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-19-38 1922. HEREBY CERTIFY, That I attended deceased from 3/16 1938, to 3/19 1938

I last saw him alive on 3/19 1938. Death is said to have occurred on the date stated above, at 4:15 am.

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

Cerebrospinal meningitis
(causative organism unknown)

Chronic pulmonary tuberculosis
Chronic otitis media

Other contributory causes of importance:

Name of operation Date of
 What test confirmed diagnosis? 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?

If so, specify

(Signed) J. W. Maxwell, M. D.(Address) 1515 Lafayette St

MAR 19 1938

(Licensed Embalmer's Statement on Reverse Side)

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.

STATEMENT BY LICENSED EMBALMER

I, George C. Heuch, Licensed Embalmer No. 2268

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

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed George C. Heuch
Licensed Embalmer No. 2268

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.)