

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.

REC'D JUN 9 1938

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

16552
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, MISSOURI (d) Street No. BARNES 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. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. **4413**

2. PRINT FULL NAME Walter McNeall **254**

(a) Residence, No. NR St. Salisbury, Missouri, RR^{no}
 (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) widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Emma McNeall
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 13 - 1866
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
71 4 28

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

12. BIRTHPLACE (CITY OR TOWN) Columbus
 (STATE OR COUNTRY) Illinois

FATHER
 13. NAME Arthur McNeall
 14. BIRTHPLACE (CITY OR TOWN) Unk.
 (STATE OR COUNTRY) Unk.

MOTHER
 15. MAIDEN NAME Sylvia Nichols
 16. BIRTHPLACE (CITY OR TOWN) Unk.
 (STATE OR COUNTRY)

17. INFORMANT Unk. McNeall
 (ADDRESS) Salisbury, Mo. R. R. #2.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Raylesville, Mo. DATE May 13 1938

19. FUNERAL DIRECTOR (NAME) Albert H. Hopps, Inc.
 (ADDRESS) 429 N. Euclid Ave.

20. FILED J. F. Bredeck
 Local Registrar.

MAY 13 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 11th 1938

22. I HEREBY CERTIFY, That I attended deceased from 4-29-38, 19..... to 5-11-38, 19.....
 I last saw him alive on 5-11-38, 19..... Death is said to have occurred on the date stated above, at 4:30 P.M.
 The principal cause of death and related causes of importance were as follows:

Uremia
bronchopneumonia
Toxemia
Bladder neck obstruction (Gross)
Non malignant cancer of
scarred esophagus. Cause unknown.
 Other contributory causes of importance:
General debility
 Date of onset 5/6/38
5/1/38

Name of operation..... Date of.....
 What test confirmed diagnosis? CTS 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) Stephen R. Ellis, M. D.
 (Address) BARNES HOSPITAL

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, _____

or by _____

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

Signed _____

Ray W. Wilkinson

Licensed Embalmer No. 3575

P. O. Address _____

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.)

If this body is not embalmed, above space should be left blank.