

JUN 14 1938

Neckfessel

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

22931
Do not use this space.

1. PLACE OF DEATH
 (a) County St. Louis Registration District No. 784
 (b) Township Richmond Heights Primary Registration District No. 111 Registered No. 1087
 (c) City Richmond Heights (d) Street No. 57 Mary 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. 2 1/2

2. PRINT FULL NAME Jo Ann Neckfessel
 (a) Residence, No. 6027 W. Jefferson Ave St. (If nonresident, give city or town and State)
6027 (Usual place of abode, if no street address, write county or city)

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) June 7 1938

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

OCCUPATION
 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. Skil
 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) Richmond Heights Mo.

FATHER
13. NAME Edward Neckfessel

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

MOTHER
15. MAIDEN NAME Esther Brewer

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

17. INFORMANT (ADDRESS) Edward Neckfessel
6027 W. Jefferson

18. BURIAL, CREMATION, OR REMOVAL PLACE New Bethel Cem. DATE June 14 1938

19. FUNERAL DIRECTOR (ADDRESS) Widener & Sons
1926 St. Louis Ave

20. FILED JUN 14 1938 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 13 1938

22. I HEREBY CERTIFY, That I attended deceased from June 6th, 1938, to June 13th, 1938

I last saw her alive on June 12th, 1938. Death is said to have occurred on the date stated above, at 2:30 A. M.

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

Prematurity
154'
 Other contributory causes of importance:
Tuberculosis of mother

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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? (If so, specify _____)

(Signed) Floyd D. Seiger, M.D., M. D.
(Address) 7835 Gerard, Maplewood, Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

5017-20-37 I X12004

STATEMENT BY LICENSED EMBALMER

I, Melvin J. Krispin, Licensed Embalmer No. 3497

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

No. _____ or by Laron Percy I. E. Registered Apprentice No. 141
working under my personal supervision.

Signed Melvin J. Krispin
Licensed Embalmer No. 3497

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.)