JUL 29 1938 REC'D AUG 9 1938

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

26484
Do not use this space.

3

1. PLACE OF DEATH
(a) County St. Louis — Registration District No. 784
(b) Township Jefferson — Primary Registration District No. 169 — Registered No. 1282
(c) City Maplewood — (d) Street No. Mo. Pac. Tracks at SUTTON AV. 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. PRINT FULL NAME George O. J. Niel — 400
(a) Residence, No. 3624 Manhattan St.
(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: M.
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Maude Niel
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 30, 1870
7. AGE: YEARS 67 — MONTHS 7 — DAYS 28 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Type Setter
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: 7 8

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis Mo. 2 0 3

FATHER
13. NAME: Emanuel Niel
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Florida 0

MOTHER
15. MAIDEN NAME: Olivia La Paint
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis, Mo. 0

17. INFORMANT (ADDRESS): Maude Niel, 3624 Manhattan
18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cem. DATE July 30, 1938
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Jay B. Smith, 7456 Manchester
20. FILED 7-29, 1938 T. R. Meyer, M.D., Dr. P.H. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): JULY 28, 1938
22. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19.... I last saw h..... alive on ....., 19.... Death is said to have occurred on the date stated above, at 8:40 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Struck by Railroad Locomotive at a grade crossing, while a pedestrian.	7/28/38
Other contributory causes of importance: Fracture of L. Skull	7/28/38

Name of operation — Date of
What test confirmed diagnosis? PHYSICAL OBSERVS Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ACCIDENT Date of injury 7/28, 1938
Where did injury occur? MAPLEWOOD MO (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. PUBLIC PLACE
Manner of injury STRUCK BY TRAIN
Nature of injury FRACTURED SKULL

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) John O'Connell M.D.
(Address) Coroner St. Louis County
no

B.C. Licensed Embalmer's Statement on Reverse Side

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.

1 X14028

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.....

Licensed Embalmer No. 4029

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.