

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.

9 19 SEP 9 1938

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

Do not use this space.

30062

File No. \_\_\_\_\_  
Registered No. 1433  
St. \_\_\_\_\_ Ward \_\_\_\_\_

1. PLACE OF DEATH

County Saint Louis Registration District No. 784  
Township Carondelet Primary Registration District No. 20  
City Jefferson Barracks (No. U.S. Facilities)

2. FULL NAME John H. NEUBAUER (Neubauer)

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward. R. #5, Carrollton, Illinois.  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred Unkn. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. / mos. / ds. 1 / 7

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 Mrs. Helen Nettbauer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 28, 1889

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
48 10 1

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mechanic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. -

10. Date deceased last worked at this occupation (month and year) July, 1938 11. Total time (years) spent in this occupation 30 yrs

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

13. NAME Herman Neubauer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known Germany

15. MAIDEN NAME Margarita Hendriks

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alton Illinois

17. INFORMANT Clifford J. Jeffers (ADDRESS) Barrecks, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Carrollton Ill. DATE 8-22-38

19. UNDERTAKER Mell and Son (ADDRESS) Carrollton Ill.

20. FILED 19 J. K. Meyer M. D. [Signature]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 29, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 22, 1938, to August 29, 1938

I last saw him alive on August 29, 1938. Death is said to have occurred on the date stated above, at 6:00A m.

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

Myocarditis, chr. with coronary atheroma, and partial occlusion Date of onset Unkn.

Other contributory causes of importance: Cholecystitis, chronic 1922

Name of operation Cholecystotomy Date of 8/19/38  
What was confirmed diagnosis? phy. clinical Was there an autopsy? YES

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) C. W. HUGHES, Chief Med. Officer, M. D.  
(Address) VAF Jefferson Barracks, Mo.

Embalmed by  
Howard P. Rowland  
No 3114  
St. Louis  
Mo