

REC'D FEB 10 1939

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

374
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1003**
(c) City (d) Street No. **DE PAUL HOSP.** Registered No. **374**
(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

160 MRS. HELEN NEUBAUER
(a) Residence, No. **CARROLTON** St. **W. CARROLTON ILL.**
(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 **FEMALE** 4. COLOR OR RACE **WHITE** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **WIDOW**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **JOHN H. NEUBAUER**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **JULY 17 1895**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
42 43 6 6

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **HOUSE WIFE**
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) **CARROLTON ILL.**

FATHER 13. NAME **ALBERT GEERS**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **GREEN CO. ILL.**

MOTHER 15. MAIDEN NAME **MATILIA BALL**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **GERMANY**

17. INFORMANT (ADDRESS) **MRS ALBERT GEERS CARROLTON ILL**

18. BURIAL, CREMATION, OR REMOVAL

PLACE **CARROLTON ILL.** DATE **1-14 1939**

19. FUNERAL DIRECTOR (NAME) (ADDRESS) **MEHL & SON CARROLTON ILL**

20. FILED **JAN 22 1939**
J. B. Budeck
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **1-11-39**

22. I HEREBY CERTIFY, That I attended deceased from **Nov 28 1938** to **Jan 11 1939**

I last saw her alive on **1-11-39**. Death is said to have occurred on the date stated above, at **2:45** m.

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

Toxic adenoma of (gastro) thyroid
Date of onset ?

Other contributory causes of importance:
Chronic myocarditis (Toxic) secondary to gastro
?

Name of operation **Thyroidectomy** Date of **no**

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. Thompson M. D.**

(Address) **4500 Olive Street**

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

John Ketter

Licensed Embalmer No. 3880

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.