

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 APR 6 1939

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

12149
Do not use this space.

1. PLACE OF DEATH

(a) County St. Francois Registration District No. 775

(b) Township Perry Primary Registration District No. 6020-A Registered No. 21

(c) City R. 1 Bonne Terre (d) Street No. Bonne Terre 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. PRINT FULL NAME Charles Frederick Neubrand

(a) Residence, No. R. 1 Bonne Terre Mo 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 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 Mary Eva Neubrand

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 11, 1862

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>76</u>	<u>5</u>	<u>25</u>	

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

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) Germany

FATHER

13. NAME George Frederick Neubrand

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER

15. MAIDEN NAME Margaret (Unknown)

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Mrs Charles Neubrand R. 1 Bonne Terre Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Joseph's Cemetery DATE March 8, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Tenham & Co Bonne Terre Mo

20. FILED Mar. 8, 1939 N. W. Hawkins Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 6, 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept. 20, 1938, to March 5, 1939

I last saw h. i. m. alive on March 5, 1939. Death is said to have occurred on the date stated above, at 1:30 p. m.

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

Hypostatic pneumonia
Fracture left 7, 8, 9th ribs
Subcutaneous emphysema of chest
Perforation left lung

Date of onset 3-1-39

Other contributory causes of importance: Senility 186 1938
Cerebral arteriosclerosis 1938

Name of operation None Date of

What test confirmed diagnosis? Tray 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 2-21, 1939
Where did injury occur? E. Bonne Terre, Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
In backyard of home
Manner of injury Fell and struck left chest
Nature of injury Fractured ribs, punctured lung

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify Maxim J. Hair, D. M. D.
(Signed) Maxim J. Hair, D. M. D.
(Address) Bonne Terre, Mo.

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, *A. J. Claywell*

....., or by

Registered Apprentice No., working under my personal supervision.

Signed *A. J. Claywell*

Licensed Embalmer No. *3706*

P. O. Address *Bonnet Street No.*

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.