

15 1939
 16
 I X1931
 WHITE PRINTING—USE UNFADING BLACK INK—MAKE 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.

MISSOURI STATE BOARD OF HEALTH
 STANDARD CERTIFICATE OF DEATH

State File No. 26833

REG'D AUG 7 1939
 Registration District No. 200

Primary Registration District No. 200

Registrar's No. 1278

1. PLACE OF DEATH:
 (a) County St. Louis 2
 (b) City or town St. Louis Pine Lawn
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
4014 Beachwood Ave.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether
 In this community 25 years
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County St. Louis
 (c) City or town St. Louis Pine Lawn
 (If outside city or town limits, write "RURAL")
 (d) Street No. 4014 Beachwood Ave.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years

8. (a) PRINT FULL NAME Elizabeth McNeely 354
 8. (b) If veteran, name war none
 8. (c) Social Security No. none

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month July day 13
 year 1939 hour 8 minute 15 P. M.

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Widow
 6. (b) Name of husband or wife Alex McNeely
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased March 2, 1858
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 9th 1939 to July 13 1939
 that I last saw him alive on July 13 1939
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
81 4 11 _____ hr. _____ min.

Immediate cause of death Cerebral Hemorrhage 7-10-39
 Due to Hypertension 2
 Due to Hypertension 2

9. Birthplace Switzerland
 (City, town, or county) (State or foreign country)

10. Usual occupation Housework 7

11. Industry or business _____

12. Name Unknown Piegay 7

18. Birthplace Switzerland
 (City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Switzerland
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. Ida Gynoch

(b) Address 4014 Beachwood Ave.

17. (a) Burial (b) Date thereof July 17, 1939
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Benjamin Pichard

(b) Address 1431 1/2 St. on Blvd.

19. (a) _____ (b) D.R. Meyer
 (Date received local registrar) (Registrar's signature)

Other conditions (Include pregnancy within 3 months of death) 820-1

Major findings: Of operations none

Of autopsy _____

PHYSICIAN
 Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
 (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(Specify type of place) _____

(b) Means of injury _____

Signature Albert A. ... (M. D. ...)
 Address 5288 N. Union Blvd Date signed 7-14-39

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.....

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.