

WRITE PLAINLY—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.

REGD SEP 14 1939

Registration District No. 791

Primary Registration District No. _____

1. PLACE OF DEATH: 1003

(a) County _____
(b) City or town ST LOUIS 1
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Homer S Phillips Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 days (Specify whether _____)

In this community _____ years, months or days
8. (a) PRINT FULL NAME ERNEST O. NEAL 400
3. (b) If veteran, name war ✓ 3. (c) Social Security No. 492-16-0336

4. Sex MALE 5. Color or race Col
6. (a) Single, widowed, married, divorced _____
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased Apr 21 1918
(Month) (Day) (Year)

8. AGE: Years 21 Months 3 Days 24 If less than one day _____ hr. _____ min.

9. Birthplace ST LOUIS MO.
(City, town, or county) (State or foreign country)

10. Usual occupation Cravat Boy

11. Industry or business _____

MOTHER FATHER { 12. Name Jessie ONEAL
13. Birthplace West Point MISS.
(City, town, or county) (State or foreign country)
14. Maiden name Ethel Watt
15. Birthplace Starkville MISS.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Ethel Oneal
(b) Address 2735^e Walnut St

17. (a) Burial (b) Date thereof AUG. 18 1939
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation WASHINGTON PK.

18. (a) Signature of funeral director (A. F. Brodie) Walton
(b) Address 2727 STODDARD ST

19. (a) _____ (b) J. B. Braddock
(Registrar's signature) (Funeral home's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County _____
(c) City or town ST LOUIS 22
(If outside city or town limits, write "RURAL")
(d) Street No. 2735^e Walnut St
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 14 year _____ hour 7 minute 50 A. M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death: Fracture of cervical spine with hemorrhage in the spinal canal, physeal fracture of 6-7th cervical vertebrae, suffered due to a fall to sidewalk while deceased was engaged in a physical wrestling match with one Joe Henry (Col.)
Duration _____
Other conditions: _____ (include previously within 3 months of death)
Major findings of _____ or operation _____

PHYSICIAN _____
Underline the cause to which death is to be charged statistically.
Of autopsy 11:15 P.M. Aug. 7 - 1939

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

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

(b) Date of occurrence 8/14/39

(c) Where did injury occur? St. Louis Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, or farm, in industrial place, in public place?
Public Place
(Specify type of place)

While at work? _____ (Specify means of injury)
23. Signature Alfred Perry (M. D. or other) _____
Address Deputy Coroner Date signed 8-15-39

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.....

William C. McDowell
working under my personal supervision.

Registered Apprentice No.....

Signed

William C. McDowell
Licensed Embalmer No. *2114*

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.