DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30689

REGT OCT 14 791

Registration District No. 791

Primary Registration District No.

Registrar's No. 7752

1. PLACE OF DEATH: 1003

(a) County: St Louis

(b) City or town: St Louis, Mo (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2933 EASTON (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: 1

(c) City or town: St Louis (If outside city or town limits, write "RURAL") 21

(d) Street No.: 2933 Easton, ave (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME: Russell Neese 2nd

3. (b) If veteran, name war: Spanish War

3. (c) Social Security No.

4. Sex: male

5. Color or race: color

6. (a) Single, widowed, married, divorced: M

6. (b) Name of husband or wife: Annie Neese

6. (c) Age of husband or wife if alive: 63 years

7. Birth date of deceased: June (Month) 2 (Day) 1874 (Year)

8. AGE: Years 65 Months 4 Days 1 If less than one day hr. min.

9. Birthplace: Springfield (City, town, or county) Mo. (State or foreign country)

10. Usual occupation: Retired

11. Industry or business:

MOTHER FATHER

12. Name: John Neese

13. Birthplace: Unknown (City, town, or county) (State or foreign country)

14. Maiden name: Annie Murphy

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

16. (a) Informant's own signature: Ernest Neese

(b) Address: 2933 Easton

17. (a) (Burial, cremation, or removal) (b) Date thereof: Sept 8 1939 (Month) (Day) (Year)

(c) Place: burial or cremation: Jefferson Barracks

18. (a) Signature of funeral director: English Und. Co.

(b) Address: 2931 Lucas, ave

19. (a) SEP 8 1939 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2nd day Sept. year 1939 hour minute 9:40 P.M.

21. I hereby certify that I attended the deceased from August 24th, 1939 to Sept. 2nd, 1939 that I last saw him alive on September 2nd, 1939 and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Duodenal Ulcer — Duration: one year.

Due to: Chronic Duodenal Ulcer

Due to:

Other conditions (Include pregnancy within 3 months of death):

Major findings: Of operations: None

Of autopsy: None

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): No

(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? None (Specify type of place)

While at work? (e) Means of injury

23. Signature: O. W. Johnson (M. D. or other)

Address: 1046 N. Vandeventer Date signed 9-5-39

(Licensed Embalmer's Statement on Reverse Side)

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.

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.....
Louis V. Atkins....., Registered Apprentice No.....
working under my personal supervision.

Signed.....Louis V. Atkins

Licensed Embalmer No.....2842

P. O. Address.....3644 Finney

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.