

OCT 16 1939

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 33591

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 1687

1. PLACE OF DEATH:

- (a) County Saint Louis 3
(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Veterans Administration Facility
(If not in hospital or institution, write street number of location)
(d) Length of stay: In hospital or institution Adm: 9-13-39
(Specify whether
In this community Unknown
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County 1
(c) City or town Saint Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2603 Hebert Street
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME Theodore P. NEALIS 4203. (b) If veteran, name war World 3. (c) Social Security No. --4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife Catherine 6. (c) Age of husband or wife if alive _____ years7. Birth date of deceased May 15, 1891
(Month) (Day) (Year)8. AGE: Years 48 Months 4 Days 8 If less than one day _____ hr. _____ min.9. Birthplace Saint Louis Missouri
(City, town, or county) (State or foreign country)10. Usual occupation Concreter

11. Industry or business _____

MOTHER FATHER { 12. Name James Nealis
13. Birthplace Missouri
(City, town, or county) (State or foreign country)14. Maiden name Margaret McGuire
15. Birthplace Missouri
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Cynthia Nealis(b) Address Vet. Adm. Fac., Jeff. Bks. Mo.17. (a) Burial (b) Date thereof 9/26/39
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Celery Cem18. (a) Signature of funeral director J. H. Nealis(b) Address 2449 The Gravel Road19. (a) SEP 25 1939 (b) H. A. Nealis
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September Day 23
year 1939 hour 12 minute 34 P.M.21. I hereby certify that I attended the deceased from September 13, 1939, to September 23, 1939, that I last saw him alive on September 23, 1939, and that death occurred on the date and hour stated above.Immediate cause of death Tuberculosis, Pulmonary, chronic, active, far-advanced. Duration Unkn.

Due to _____

Due to 2301Other conditions None
(Include pregnancy within 3 months of death)Major findings:
Of operations No operationsOf autopsy No autopsy

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? _____

While at work? _____ (Specify type of place)
(g) Means of injury 123. Signature HARRY LEVINE, MD., Act. Chief Med. Off.,
(M. D. or other)Address VAF., Jeff. Barracks, Mo. Date signed 9-25-39

JUL 27 1945

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. *me*

working under my personal supervision.

Signed

al Mayfield

Licensed Embalmer No. *3077*

P. O. Address: _____

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

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