

130

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.

JAN 12 1940

Registration District No. **791**

Primary Registration District No. _____

Registrar's No. **10823**

1. PLACE OF DEATH: **1003**

(a) County _____ /

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

(c) Name of hospital or institution: **City Hospital, #1**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **1 Mo. 4 Days**
(Specify whether years, months or days)

In this community _____
years, months or days

3. (a) PRINT FULL NAME **James Neely** *1240*

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Annabelle Neely** 6. (c) Age of husband or wife if alive **68** years

7. Birth date of deceased **Jan. 6, 1868**
(Month) (Day) (Year)

8. AGE: Years **71** Months **11** Days **11** If less than one day _____ hr. _____ min.

9. Birthplace **Cedar Hill, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Painter**

11. Industry or business _____

MOTHER FATHER { 12. Name **Unknown** *9*

13. Birthplace **Unknown** *2*
(City, town, or county) (State or foreign country)

MOTHER FATHER { 14. Maiden name **Unknown**

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

16. (a) Informant's own signature **Annabelle Neely**

(b) Address **3167 Leola**

17. (a) **Burial** (b) Date thereof **12-19-1939**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **New Pickers Cem.**

18. (a) Signature of funeral director **Jay B. Smith**

(b) Address **7456 Manchester**

19. (a) **DEC 19 1939** (b) *J. J. [Signature]*
(Date included local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: **1**

(a) State **Missouri** (b) County _____

(c) City or town **St. Louis** *3*
(If outside city or town limits, write "RURAL")

(d) Street No. **3167 Leola**
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **17,** year **1939** hour **1:50** P. M.

21. I hereby certify that I attended the deceased from **November 13,** 19**39**, to **December 17,** 19**39**, and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of Kidney**

Due to _____

Due to _____

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

Duration

Major findings: Of operations _____

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? _____

While at work? _____ (Specify type of place) (c) Means of injury _____

28. Signature **Geo. M. Pike** (M. D. or other) **12/19/39**

Address **1515 Lafayette,** Date signed _____

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.....

J.P. Burgess

Licensed Embalmer No.....

4029

P. O. Address.....

Maplewood

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.