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No. 2  
1-10-39  
175  
X21492

MAY 15 1940

791

Registration District No. 791 Primary Registration District No. 1003

State File No. \_\_\_\_\_

Registrar's No. 3852

1. PLACE OF DEATH:

(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 3 Mos. 1 Day  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis 19  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3949 Olive  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Charles Neely W.D.

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Rose 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Jan. 31, 1870  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
70 2 25 hr. \_\_\_\_\_ min.

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

10. Usual occupation Painter

11. Industry or business Nil

MOTHER { 12. Name James Neely

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

14. Maiden name Mary Fitcher

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

16. (a) Informant Charles R. Kelly Jr.

(b) Address 7335 Olive Ave

17. (a) Burial (b) Date thereof 4/30/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Gerald, Mo.

18. (a) Signature of funeral director Edith E. Ambruster

(b) Address 4234 Manchester

19. (a) APR 20 1940 (b) J. B. ...  
(Date of burial) (Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 26, year 1940 hour 9:05 minute \_\_\_\_\_ A. M.

21. I hereby certify that I attended the deceased from January 25, 1940 to April 26, 1940 that I last saw him alive on April 26, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Chromocystoma

Due to \_\_\_\_\_  
Due to 51

Other conditions Carcinoma of Bladder  
(Include pregnancy within 3 months of death)

Major findings: Of operations  
Of autopsy \_\_\_\_\_

Duration \_\_\_\_\_  
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) (e) Means of injury \_\_\_\_\_

23. Signature Robert B. ... (M. D. or other) \_\_\_\_\_  
Address 1515 Lafayette Date signed 4/26/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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 \_\_\_\_\_

*Flora Eynock*

Licensed Embalmer No. 1284

P. O. Address So. Louis Mo

**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.**