

State File No. _____

Registrar's No. 968

FILED JUN 10 1949
Registration District No. 284

Primary Registration District No. 113

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

1. PLACE OF DEATH:

(a) County St. Louis County

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

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location) 2

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community January 1939
years, months or days

3. (a) PRINT FULL NAME NEFF, Lulu 100

3. (b) If veteran, name war _____

8. (c) Social Security No. _____

4. Sex <u>fe</u>	5. Color or race <u>wh</u>	6. (a) Single, widowed, married, divorced <u>married</u>
6. (b) Name of husband or wife <u>Wm E</u>	6. (c) Age of husband or wife if alive _____ years	
7. Birth date of deceased <u>Dec 4 1893</u> (Month) (Day) (Year)		

8. AGE:	Years	Months	Days	If less than one day
	<u>46</u>	<u>5</u>	<u>16</u>	hr. _____ min. _____

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

10. Usual occupation housewife

11. Industry or business at home

MOTHER FATHER

12. Name Joseph Maulding

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

14. Maiden name Nora Meyers

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

16. (a) Informant Wm E. Neff

(b) Address Florissant, Mo

17. (a) Burial (b) Date thereof 5 19 40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wellefield Ill

18. (a) Signature of funeral director Brown & Sons Inc

(b) Address overland mo

19. (a) MAY 18 1940 (Date received local registrar)

Wm E. Neff (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Florissant
(If outside city or town limits, write "RURAL")

(d) Street No. St. Pierre
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 18
year 1940 hour 9 minute A. M.

21. I hereby certify that I attended the deceased from 11/29, 1939, to 5/18, 1940;
that I last saw her alive on 5/17, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death
Brain tumor - left cerebellar (Probably meningioma)

Duration 1-2 years

Due to 5/18

Due to _____

Other conditions Menopausal syndrome
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
Of operations _____

Of autopsy Left cerebellar tumor of brain

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 Milton A. Spitz (M. D. or other) 1
Address St Louis County Hospital Date signed 5/18/40

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 _____

Licensed Embalmer No. 3501

P. O. Address Oreland, 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.