No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

JUL 15 1940

FN 9568

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 22906

Registration District No. 7840 Primary Registration District No. 200 Registrar's No. 1203

1. PLACE OF DEATH:
(a) County St. Louis County 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 or location)
(d) Length of stay: In hospital or institution Admitted 4/24/40 (Specify whether years, months or days)
In this community -

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town Festus
(If outside city or town limits write "RURAL")
(d) Street No. 424 South Adams Street
(If rural, give location)
(e) If foreign born, how long in U. S. A.? - years.

3. (a) PRINT FULL NAME David Neal 407
3. (b) If veteran, name war Spanish-American
3. (c) Social Security No. - na.
4. Sex Male
5. Color or race Negro
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mamie
6. (c) Age of husband or wife if alive - years
7. Birth date of deceased June 30, 1872 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
67	11	21	hr. min.

9. Birthplace Nashville, Tennessee (City, town, or county) (State or foreign country)
10. Usual occupation Laborer
11. Industry or business -
MOTHER FATHER
12. Name John Neal
13. Birthplace Winchester, Tennessee (City, town, or county) (State or foreign country)
14. Maiden name Ellen Stovall
15. Birthplace Winchester, Tennessee (City, town, or county) (State or foreign country)
16. (a) Informant M. Schulz
(b) Address Clinical Clerk, VAF, Jeff.Bks.,Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 26, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation National Cemetery
18. (a) Signature of funeral director Dement & Son
(b) Address 2631 Wash St.
19. (a) JUN 25 1940 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 21st year 1940 hour 10:45 minute a.m.
21. I hereby certify that I attended the deceased from April 24, 1940, to June 21st, 1940 that I last saw him alive on June 21st, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Hypertensive heart disease	
with cardiac enlargement and	
Due to severe myocardial insufficiency.	unkn.
Due to -	
Other conditions (Include pregnancy within 3 months of death) Cerebral arteriosclerosis.	unkn.

Major findings: Of operations No autopsy. No operation.
Of autopsy no.

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature C. W. HUGHES, M.D. (M. D. [illegible])
Address M. O. C. Date signed

(Licensed Embalmer's Statement on Reverse Side)

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~~ L. Boy

....., Registered Apprentice No. [illegible]

working under my personal supervision.

Signed Lonnie Boykin

Licensed Embalmer No. 2946

P. O. Address St Louis M

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

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