S. No. 2
—11-10-39
. 5-17-39
o I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 23548

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 5993

1. PLACE OF DEATH:

(a) County
(b) City or town St Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Homer G Phillips /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days (Specify whether years, months or days)
In this community 14 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town ~~St Louis~~ St Louis 25
(If outside city or town limits, write "RURAL")
0
(d) Street No. ~~Missouri~~ 1219 N. 9th
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Janett McNeal 254

3. (b) If veteran, name war Unk

3. (c) Social Security No. Unk

4. Sex Female

5. Color or race Negro

6. (a) Single, widowed, married, divorced Sep

6. (b) Name of husband or wife Unk

6. (c) Age of husband or wife if alive Unk years

7. Birth date of deceased May 25 Unk (Month) (Day) (Year)

8. AGE: Years About 55 Months Days If less than one day hr. min.

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

10. Usual occupation Unk

11. Industry or business

FATHER
12. Name Ned Allen
13. Birthplace (City, town, or county) Miss / (State or foreign country)

MOTHER
14. Maiden name Orletha ?
15. Birthplace (City, town, or county) ? 9 (State or foreign country)

16. (a) Informant Lelia Smith
(b) Address 1306 N 11th St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-17-40 (Month) (Day) (Year)
(c) Place: burial or cremation Greenville Miss

18. (a) Signature of funeral director Atkins Bros
(b) Address 3644 Finney Ave

19. (a) JUL 17 1940 (Date received local registrar) (b) J. F. Bathock (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 14
year 1940 hour 5:30 minute A M.

21. I hereby certify that I attended the deceased from July 10, 1940 to July 14, 1940; that I last saw her alive on July 14, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Coronary Heart Disease c Hypertension — 5 years
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
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? (Specify type of place)
While at work? (e) Means of injury /

23. Signature J. W. Johnson (M. D. or other)
Address 2601 N Whittier Date signed 7/16/40

(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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Louis V. Atkin

Licensed Embalmer No. 2842

P. O. Address 3644 Finn

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.