

Registration District No. **791** Primary Registration District No. **1003** Registrar's No. **8930**

DEPT NOV 16 1940

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: Deaconess Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 35 1/2 hours
(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 **18**
(If outside city or town limits, write "RURAL")

(d) Street No. 4031^a Blaine
(If rural, give location)

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

3. (a) PRINT FULL NAME Grover Neiman Bristol

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 5 year 1940 hour 8 minute 15 A. M.

4. Sex male 5. Color or race white

6. (a) Single, widowed, married, divorced _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Oct. 3 - 1940
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 10-3-40 to 10-5-40, 19____; that I last saw him alive on 10/4/40, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____

8. AGE: Years _____ Months 1 Days _____ If less than one day 11 hr. 30 min.

Premature 6 1/2 yrs.

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

Due to _____

Due to _____

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Ross Waters Bristol **0**

13. Birthplace Kingstree, South Carolina
(City, town, or county) (State or foreign country)

14. Maiden name Delores Christina Neiman

15. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

Major findings: _____

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Ross Waters Bristol

(b) Address 4031^a Blaine, St. Louis, Missouri

17. (a) Deaconess Hosp. Lab. (b) Date thereof 10/7/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CITY CEMETERY

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? _____

18. (a) Signature of funeral director Deaconess

(b) Address _____

19. (a) OCT 30 1940 (b) J. J. Bredich
(Date received local registration) (Registrar's signature)

While at work? _____ (Specify type of place) (c) Means of injury 1

23. Signature W. F. Spear (M. D. or other) **ms**

Address 3115 A Grand Date signed 10/14/40

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

8930

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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.....

P. O. Address.....

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

If this body is not embalmed, fact should be so stated above.