

No. 2
4-13-40
-17-39
I X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

36449

State File No. _____

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 1937

1. PLACE OF DEATH:
(a) County St. Louis County
(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 Adm. Facility
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Since 4-30-40
(Specify whether
In this community Same
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town Jefferson City
(If outside city or town limits, write "RURAL")
(d) Street No. 600 E. Franklin
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years

3. (a) PRINT FULL NAME Neutzler, William M.
3. (b) If veteran, name war World 1918 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Deama Neutzler 6. (c) Age of husband or wife if alive 41 years
7. Birth date of deceased April 30 1893
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>47</u>	<u>5</u>	<u>12</u>	hr. _____ min. _____

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

10. Usual occupation Dairyman

11. Industry or business Same

MOTHER FATHER { 12. Name Frank Neutzler
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Mario Neutzler (not related)
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Gov Records

(b) Address Government Records, VAF, Jeff. Bk, Mo.

17. (a) BURIAL (b) Date thereof OCT. 14. 40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation JEFFERSON CITY, MO

18. (a) Signature of funeral director Chas. H. ...

(b) Address 7814 S. ...

19. (a) OCT 12 1940 (b) W. M. ...
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 12
year 1940 hour 12:40 minute _____ P.M.

21. I hereby certify that I attended the deceased from 4-30-40
_____, 19____, to 10-12-40, 19____;
that I last saw him alive on 10-12-40, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of rectum with metastasis to the pelvic organs.
Duration About 14 mths.

Due to _____

Due to 4/6

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations Operation done at Hines, Illinois; about one year ago

Of autopsy See cause of death
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? CW Hughes (Specify type of place) _____
means of injury _____

23. Signature C. W. HUGHES, M.D. (M. D. or other) _____

Address Chief Medical Officer Date signed _____

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

JUL 7 1948

JUL 7 1948

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

Edwin H. Leibinger

Licensed Embalmer No. *4049*

P. O. Address *646 1/2 Chippewa*

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, fact should be so stated above.