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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. 36890

Registration District No. 7911 Primary Registration District No. 1003 Registrar's No. 9163

FILED DEC 11 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: Homer Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 24 days (Specify whether
In this community 35 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 519 South 22nd
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME John Neal
3. (b) If veteran, name war None
3. (c) Social Security No. 499-01-6388
4. Sex Male
5. Color or race Colored
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Evelene Neal
6. (c) Age of husband or wife if alive 52 years
7. Birth date of deceased June (Month) 11 (Day) 1880 (Year)

8. AGE: Years 60 Months 4 Days 23 If less than one day hr. min.

9. Birthplace Springfield (City, town, or county) Ky. (State or foreign country)
10. Usual occupation Laborer
11. Industry or business W. P. A.
MOTHER FATHER
12. Name George Neal
13. Birthplace (City, town, or county) Ky. (State or foreign country)
14. Maiden name Lucille Thompson
15. Birthplace (City, town, or county) Ky. (State or foreign country)
16. (a) Informant Evelene Neal
(b) Address 519 So. 22nd St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 8-1940 (Month) (Day) (Year)
(c) Place: burial or cremation St Gregory Cem. Castlewood
18. (a) Signature of funeral director J. L. Marshall
(b) Address 2205 Mo. Ave. Castlewood Ill.
19. (a) NOV 7 1940 (Date received local registrar) (b) J. F. Biedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 3 year 1940 hour 5:30 minute P M.
21. I hereby certify that I attended the deceased from October 24, 1940, to November 3, 1940, that I last saw him alive on November 3, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic Nephritis	Abt. 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 11/4/40

(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 Robert H. Powell

Licensed Embalmer No. 3402

P. O. Address 3100 Franklin

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

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