

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

FILED MAR 25 1941 791

STANDARD CERTIFICATE OF DEATH 003

State File No. 4995
Registrar's No. 1243

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County.....
(b) City or town..... Saint Louis, Missouri.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3228 California Ave. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community.....
years, months or days)

3. (a) PRINT FULL NAME..... Emil A. Neutzling.

3. (b) If veteran, name war..... 3. (c) Social Security No. 483-10-2510

4. Sex Male 5. Color or race White 6. (a) Single, widowed, divorced. Married

6. (b) Name of husband or wife Elsa Neutzling 6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased..... March 26th, 1892.
(Month) (Day) (Year)

8. AGE: Years 48 Months 10 Days 10 If less than one day hr. min.

9. Birthplace Unknown: Illinois. /
(City, town, or county) (State or foreign country)

10. Usual occupation Beer Bottler

11. Industry or business

MOTHER FATHER { 12. Name Joe Neutzling.
13. Birthplace Unknown: Illinois. /
(City, town, or county) (State or foreign country)
14. Maiden name Margaret Lami
15. Birthplace Unknown: Illinois. /
(City, town, or county) (State or foreign country)

16. (a) Informant Elsa Neutzling (b) Address 3228 California Ave.

17. (a) Burial (b) Date thereof Feb. 10-1941.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Pauls Churchyard.

18. (a) Signature of funeral director Ziegenhein Bros. 223 Cherokee Street.

(b) Address (c) FEB 6 1941 (d) J. F. Bredeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County..... 600
(c) City or town Saint Louis, 17
(If outside city or town limits, write "RURAL") 9
(d) Street No. 3228 California Ave. 24
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 6th, year 1941. hour 1 minute 30 P.M.

21. I hereby certify that I attended the deceased from 5:00 am 3rd 1941 to February 6 1941; that I last saw him alive on February 5 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Cardiac Dilatation 2 1/2 mo.
Due to White's regurgitation
Acute Nephritis following the stroke
Due to Descent of Chest
Other conditions none.
(Include pregnancy within 3 months of death)

Major findings: Of operations 926
Of autopsy 926
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? (Specify type of place) (e) Means of injury
23. Signature Julius J. Keller (M. D. or other) N.D.
Address 3603 Cherokee St Date signed 2-6-41

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

30
17
9

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 *V E Morris*

Licensed Embalmer No. *3360*

P. O. Address *2623 Cherokee*

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.