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X23159

APR 28 1941  
Registration District No. 678

Primary Registration District No. 5904

State File No. \_\_\_\_\_

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County St. Charles  
(b) City or town St. James  
(c) Name of hospital or institution St. James Hospital  
(If not in hospital or institution, write street number and location)  
(d) Length of stay: In hospital or institution 8 hours  
(Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Phelps  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. Edgewood Springs mo  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.?

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 21  
year 1941 hour 11 minute 25 P.M.

21. I hereby certify that I attended the deceased from Mar 1, 1941, to Mar 2, 1941;  
that I last saw her alive on Mar 2, 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia (at lower) Duration 1 wk.

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? Y  
While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature E. E. Ford M.D. (M. D. or other) \_\_\_\_\_  
Address Rolla mo Date signed 3-25-41

3. (a) PRINT FULL NAME Mrs Anna Neff

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Harvey Neff 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Feb 3 1886  
(Month) (Day) (Year)

8. AGE: Years 54 Months 7 Days 29 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Phil Reinhardt  
13. Birthplace Germany (City, town, or county) (State or foreign country)  
14. Maiden name Dora  
15. Birthplace know (City, town, or county) (State or foreign country)

16. (a) Informant Harvey Neff

(b) Address Edgewood Springs mo

17. (a) Burial (b) Date thereof Mar 4 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Edgewood Springs mo

18. (a) Signature of funeral director W. H. Beck

(b) Address Rolla mo

19. (a) 3/4/41 (b) Ellie B. Dock  
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

RECEIVED

District Health Officer No. 5,

District File Number 441452

Date Filed \_\_\_\_\_

**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 me

\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_,  
working under my personal supervision.

Signed S. L. [Signature]

Licensed Embalmer No. 3397

P. O. Address Rolla mo

**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.**