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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 9 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 15741

Registration District No. 784 Primary Registration District No. 101 Registrar's No. 735

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Clayton ~~Twp.~~ (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Louis County Hospital 0 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 hours (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town Brentwood (If outside city or town limits, write "RURAL") 9

(d) Street No. 8721 Evans Ave. (If rural, give location)

(e) Citizen of foreign country? (Yes or No) 1

If yes, name country 1

3. (a) PRINT FULL NAME Johnnie Lee McNeil

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 2

5. Color or race Col.

6. (a) Single, widowed, married, divorced single 0

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased January (Month) 24 (Day) 1936 (Year)

8. AGE: Years 5 Months 2 Days 8 If less than one day hr. min.

9. Birthplace Brentwood (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation nil

11. Industry or business

FATHER
12. Name Frank McNeil
13. Birthplace Little Rock (City, town, or county) Ark. 1 (State or foreign country)

MOTHER
14. Maiden name Dessere Dukes
15. Birthplace Cleveland (City, town, or county) Miss. 1 (State or foreign country)

16. (a) Informant Frank McNeil

(b) Address 8721 Evans Ave., Brentwood

17. (a) S (Burial, cremation, or removal) (b) Date thereof 4 (Month) 5 (Day) 41 (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director R F Walton

(b) Address 2707 Stoddard St.

19. (a) APR 4 1941 (Date received local registrar) (b) T R Meyer M D Dep Co (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 2 year 1941 hour 1:40 minute A M.

21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Struck by an automobile while a pedestrian on a public highway.

Due to Rupture of liver; intraperitoneal and retroperitoneal

Due to hemorrhage; multiple fractured ribs; shock

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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) April 1, 1941 Accd

(b) Date of occurrence Brentwood, Mo. 0 96

(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? Public place 907 (Specify type of place)

While at work? (e) Means of injury struck by auto?

23. Signature Louis G Bopp Coroner (M. D. or other)

Address Richmond Date signed

(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 William C. McDowell, Registered Apprentice No._____, working under my personal supervision.

Signed William C. McDowell

Licensed Embalmer No. 3114

P. O. Address_____

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.