

S. No. 2
-1-4-41
5-17-39
PI X26300

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

26009
State File No. _____
Registrar's No. 1228

AUG 25 1941

Registration District No. 757

Primary Registration District No. 3036

1. PLACE OF DEATH:
(a) County St. Charles
(b) City or town St. Charles
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
516 Madison St
(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) forever

3. (a) PRINT FULL NAME Infant, Neitmann
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased July 2 1941
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 0 0 hr. 20 min.

9. Birthplace St. Charles, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Dr. Altes Neitmann
13. Birthplace St. Charles, Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Linda Stast
15. Birthplace St. Charles, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Stalter Neitmann

(b) Address 516 Madison, St. Charles, Mo.

17. (a) Burial (b) Date thereof July 2 - 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Johns Cem. St. Charles

18. (a) Signature of funeral director H. C. Dallenmyer, Secy. Mo. While at work? _____ (Specify type of place)
(b) Address 800 N. Second, St. Charles, Mo. (c) Means of injury _____

19. (a) 6-2-41 (b) Clarence E. Heesler
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Charles
(c) City or town St. Charles
(If outside city or town limits, write "RURAL")
(d) Street No. 516 Madison St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 2
year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from July 2 1941 to July 2 1941
that I last saw him alive on _____ and that death occurred on the date and hour stated above.

Immediate cause of death Immature Birth
Due to Habitual Abortion

Due to Drug Poison

Other conditions (Include pregnancy within 3 months of death) 159

Major findings:
Of operations _____
Of autopsy _____

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) _____ (e) Means of injury _____

23. Signature Dr. Charles R. ... (M. D. or other) MD
Address St. Charles, Mo. Date signed 7-7-41

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

22
99
3

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.....^{not}
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

John E. Gallmeyer

Licensed Embalmer No.....²⁹⁵¹

P. O. Address *St Charles Mo*

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.