

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

26772

State File No.

6564

SEP 17 1941

791

1003

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County.....
(b) City or town Saint Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1800 Locust, St.,
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community 1 (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Virgil B. Neal

3. (b) If veteran, name war unknown 3. (c) Social Security No. 346-05-8042

4. Sex Male 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 Aug. 10 1893
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
48 0 1 hr. min.

9. Birthplace Green County, Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation Salesman

11. Industry or business O' Cedar Incorporated.

12. Name Wilson Neal

13. Birthplace Indiana
(City, town, or county) (State or foreign country)

14. Maiden name Mary Baughman.

15. Birthplace Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lethia N. Fritz.
(b) Address Linton, Indiana.

17. (a) Removal (b) Date thereof 8- II- 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Linton, Indiana.

18. (a) Signature of funeral director C. R. Lupton & Sons.
(b) Address 7283 Delmar Blvd

19. (a) AUG 11 1941 (b) J. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....
(c) City or town Saint Louis.
(If outside city or town limits, write "RURAL")
(d) Street No. Claridge Hotel, 1800 Locust, St /
(If rural, give location)
(e) If foreign born, how long in U. S. A. Attending Physician years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 11
year 1941 hour 8:20 minute 2 A. M.

21. I hereby certify that I attended the deceased from.....
..... 19..... to..... 19.....

that I last saw him..... alive on..... 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death.....

Coronary Occlusion
Acute Myocarditis
Early Parenchymatous Nephritis
Acute
Other conditions cause undetermined
(Include pregnancy within 3 months of death)

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?

While at work..... (Specify type of place)
(e) Means of injury.....

23. Signature [Signature] (M. D. or other).....
Address [Signature] Date signed 8/11/41

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

R

246

000
17
21

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

Bradford A. Miles

Licensed Embalmer No. 2901

P. O. Address St. Louis, Missouri.

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, above space should be left blank.