

FILED OCT 18 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

30387

State File No. _____

Registration District No. 791

Primary Registration District No. 1009

Registrar's No. 7726

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4561 Davison Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether
years, months or days) 25 Years /

3. (a) PRINT FULL NAME Ada C. Neu

3. (b) If veteran, name war None 3. (c) Social Security No. None

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

6. (b) Name of husband or wife William H. Neu 6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased February 9, 1880
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
61 7 13 hr. min.

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

10. Usual occupation At home

11. Industry or business _____

12. Name Charles H. Kindermann

13. Birthplace Not known 9.
(City, town, or county) (State or foreign country)

14. Maiden name Not known

15. Birthplace Not known Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant William H. Neu

(b) Address 4561 Davison Ave

17. (a) Burial (b) Date thereof 9/25/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cemetery

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

19. (a) SEP 25 1941 (b) J. J. Bredich
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County M. J
(c) City or town St. Louis 7 17
(If outside city or town limits, write "RURAL") 7
(d) Street No. 4561 Davison Ave
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 22,
year 1941 hour 2:45 PM minute _____ M.

21. I hereby certify that I attended the deceased from 5-29-41
_____ 19____ to 9-22 1941
that I last saw him alive on 9-17 1941
and that death occurred on the date and hour stated above

Immediate cause of death _____ Duration _____
Chronic Myocarditis

Due to _____

Due to _____

Other conditions Chronic Myocarditis
(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? _____

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

23. Signature J. E. Tipton (M. D. or other) 0 7 2

Address 4005 W. Flanagan Date signed 9-24-41

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

20
7
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 *William G. Buchholz*

Licensed Embalmer No. *2110*

P. O. Address *St. Louis, 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.