

No. 2
-13-40
-17-39
X23199

DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH

36241

BUREAU OF THE CENSUS
FILED NOV 12 1941

STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 157

Registration District No. 796

Primary Registration District No. 3038

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

1. PLACE OF DEATH:
 (a) County Dalmine City
 (b) City or town Marshall Mo
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution Mo State School
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community 3 yrs 2 mos (Specify whether
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County St Louis 97
 (c) City or town St Louis Mo
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) If foreign born, how long in U. S. A? 0 years.

3. (a) PRINT FULL NAME Genevieve Neil
 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 SO
 6. (b) Name of husband or wife _____
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased: 8 (Month) 3-19 (Day) 21 (Year)

8. AGE: Years 20 Months 2 Days _____
 If less than one day hr. _____ min. _____

9. Birthplace Dayton Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation inmate

11. Industry or business _____

MOTHER FATHER
 12. Name Howard Neil
 13. Birthplace St Louis Mo
(City, town, or county) (State or foreign country)
 14. Maiden name Marie Pope
 15. Birthplace Frohne Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Father
 (b) Address Mo State School

17. (a) St Louis Mo (b) Date thereof Oct 21-41
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation St Louis Mo

18. (a) Signature of funeral director Pos W Clark

(b) Address 425 Hadley Ave St Louis Mo

19. (a) 10-21-41 (b) Mary Kent
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 20
 year 1941 hour 11:45 minute P M.
 21. I hereby certify that I attended the deceased from Jan 1
 1939 to Oct 20 1941
 that I last saw h. PR alive on Oct 20 1941
 and that death occurred on the date and hour stated above.

Immediate cause of death Broncho Pneumonia

Due to _____
 Due to _____

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

Major findings: 107
 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) _____
 (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 C. J. McNamee (M. D. or other) D
 Address Marshall Mo Date signed Oct 21/41

Date Filed 11-10-41
District File Number _____
District Health Officer No. 8

RECEIVED

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.....

.....
working under my personal supervision.

..... Registered Apprentice No.

Signed

Fred Wilkerson

Licensed Embalmer No.

2478

P. O. Address

Clinton 7

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.