

FILED MAR 24 1942

1003

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH: 791

(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:
3712 N. Florissant Ave.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community 30 Years.
 years, months or days)

3. (a) PRINT FULL NAME Elizabeth C. Neuhaus

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 Widowed
 6. (b) Name of husband or wife Henry Neuhaus 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Oct. 7. 1868
 (Month) (Day) (Year)

8. AGE: Years 73 Months 4 Days 28 If less than one day
 hr. _____ min.

9. Birthplace Nashville, Illinois
 (City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER { 12. Name August Koenemann 4
 13. Birthplace Germany 4
 (City, town, or county) (State or foreign country)
 14. Maiden name Christina Fenke 4
 (City, town, or county) (State or foreign country)
 15. Birthplace Germany 4
 (City, town, or county) (State or foreign country)

16. (a) Informant Estella C Neuhaus
 (b) Address 3712 N. Florissant Ave.

17. (a) Removal (b) Date thereof 3/7/42
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Nashville, Ill

18. (a) Signature of funeral director [Signature]
 (b) Address 2117 E. Grand Blvd.

19. (a) MAR 5 1942 (b) J. J. Bredecke
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
 (c) City or town St. Louis 2617
 (If outside city or town limits, write "RURAL.")
 (d) Street No. 3712 N. Florissant Ave.
 (If rural, give location) 0
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 5
 year 1942 hour _____ minute 50 A. M.

21. I hereby certify that I attended the deceased from July 5th
1942 to March 5th 1942
 that I last saw her alive on March 4th 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of sigmoid C metastasis 2 yrs

Due to _____
 Due to _____

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

Major findings: [Signature]
 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 0

23. Signature [Signature] (M. D. or other)
 Address 3621 N. 28th St. Date signed 3/6/42

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

M. L. ...

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 Frank A. Moore

Licensed Embalmer No. 3041

P. O. Address 2117 E. Grand

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.