

Registration District No. **791**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County **St. Louis**
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Lutheran Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution... **4 Hour**
(Specify whether
In this community **42 yrs.**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **000**
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL") **14 17**
(d) Street No. **6050 Arthur Ave.** **9**
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country **0**

3. (a) PRINT FULL NAME **Celestia T. Neal**

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

4. Sex **F.** / 5. Color or race **W.**
6. (a) Single, widowed, married, divorced **W. 2.**
6. (b) Name of husband or wife **John W. Neal**
6. (c) Age of husband or wife if alive **years**
7. Birth date of deceased **Sept. 14th. 1863**
(Month) (Day) (Year)

8. AGE: Years **78** Months **7** Days **23**
If less than one day
hr. min.

9. Birthplace **Miss.**
(City, town, or county) (State or foreign country)
At Home

10. Usual occupation

11. Industry or business
12. Name **Andrew Lum**
13. Birthplace **Miss.**
(City, town, or county) (State or foreign country)
14. Maiden name **Unknown**
15. Birthplace **9 Unk.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Laurence Neal**
(b) Address **6050 Arthur Ave.**

17. (a) **Burial** (b) Date thereof **5-11-1942**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Sunset Burial Pk.**

18. (a) Signature of funeral director **Arthur J. Donnelly**
(b) Address **3840 Lindell Blvd.**

19. (a) **MAY 9 1942** (b) **J. H. Bruesch**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **7th.**
year **1942** hour **10** minute **P.** M.

21. I hereby certify that I attended the deceased from **1933**
19... to **5/7/42** 19...
that I last saw her alive on **5/7/42** 19...
and that death occurred on the date and hour stated above.

Immediate cause of death
Mesenteric Phlebotomoses **3 days**
Due to **Atherosclerotic embolus** **3 days**
Due to **Sensitivity & acute myocardial failure** **Several years**
Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy **as above**
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?

(Specify type of place) (e) Means of injury
23. Signature **Walter H. Koch** (M. D. or other)
Address **2602 S. Grand** Date signed **5/8/42**

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

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 Stanley Marshall
Licensed Embalmer No. 2868
P. O. Address 3840 Lindell

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.