

S. No. 2
1-4-41
5-1-39
228390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 4 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

15539

State File No.

Registrar's No.

Registration District No. 784

Primary Registration District No. 101

942

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis County Hosp. 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day
(Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 16
(c) City or town Rural Chesterfield 3
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location) 1
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 15
year 1942 hour 5:10 minute P M.

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

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

Immediate cause of death Stabbed by L. C. Jones in self defense. Duration _____

Due to Stab wound of chest and right ventricle of heart;
Due to Hemopericardium.

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

Major findings: _____
Of operations _____

Of autopsy Yes.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Homicide.
(b) Date of occurrence April 15, 1942
(c) Where did injury occur? Chesterfield, Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
On farm.
(Specify type of place)
(e) Means of injury _____

While at work? _____
23. Signature Doris H. [unclear] (M.D. or other) _____

Address Kirkwood, Mo. 4/17/42 Date signed _____

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

3. (a) PRINT FULL NAME James Neal

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race Col. 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 _____ (Month) (Day) (Year)

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

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

10. Usual occupation Laborer

11. Industry or business _____

12. Name Newriah Neal

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

14. Maiden name Unk.

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

16. (a) Informant Patrick Thomas

(b) Address 1819 N. Taylor, St. Louis

17. (a) _____ (b) Date thereof 4-24-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington

18. (a) Signature of funeral director W. R. [unclear]

(b) Address 3525 [unclear]

19. (a) APR 28 1942 (Date received by registrar) (b) [unclear] (Registrar's signature)

MOTHER FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

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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.....

Licensed Embalmer No.....

P. O. Address.....

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.