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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 2 1942

Registration District No. 791

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 16408

Registrar's No. 4468

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

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1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Homer Phillips Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 days (Specify whether in this community 25 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis,
(If outside city or town limits, write "RURAL")

(d) Street No. 1023 N. Vandeventer
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME James Mc Neese

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

4. Sex MALE 2

5. Color or race NEGRO

6. (a) Single, widowed, married, divorced MARRIED 1

6. (b) Name of husband or wife CORNELIUS MCNEESE

6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased 5 (Month) 8 (Day) 1898 (Year)

8. AGE: Years 44 Months 0 Days 10 If less than one day hr. min.

9. Birthplace SUGARLACK (City, town, or county) MISSISSIPPI (State or foreign country) 1

10. Usual occupation BARBER

11. Industry or business

FATHER
12. Name CHARLIE MCNEESE
13. Birthplace (City, town, or county) MISSISSIPPI (State or foreign country) 1

MOTHER
14. Maiden name BEATRICE (NICKELSON)
15. Birthplace MISSISSIPPI (City, town, or county) MCNEESE (State or foreign country) 1

16. (a) Informant Cornelius McNeese
(b) Address 1023 N. VANDER VANTER

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 5-23-1942 (Month) (Day) (Year)
(c) Place: burial or cremation WASHINGTON PARK CEMETERY

18. (a) Signature of funeral director Boyd Bro. FUN Home
(b) Address 3704 Finney

19. (a) MAY 22 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 19, year 1942 hour 4 minute 50 A. M.

21. I hereby certify that I attended the deceased from May 11, 1942 to May 19, 1942, that I last saw him alive on May 19, 1942, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chr. Glomerular Nephritis with Uremia	Unknown
Due to	
Due to	
Other conditions (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? (Specify type of place)

While at work? (e) Means of injury

23. Signature J. Johnson (M. D. or other)

Address 260 N. Whittier Date signed 5/18/42

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(Licensed Embalmer's Statement on Reverse Side)

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 Louis V. Atkins

Licensed Embalmer No. 2842

P. O. Address 3644 Finney

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.