S. No. 2
M—1-4-41
7. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 16494

FILED JUN 10 1942

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 4246

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

1. PLACE OF DEATH:

(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: 736 N. Euclid Ave. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community 34 Years.

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. 736 N. Euclid Ave. (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Charles E. Neville.

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Esther M. Neville.

6. (c) Age of husband or wife if alive 66 Years

7. Birth date of deceased Oct. 25. 1865 (Month) (Day) (Year)

8. AGE: Years 76 Months 7 Days 3 If less than one day hr. min.

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

10. Usual occupation Retired Dancing Teacher.

11. Industry or business

FATHER 12. Name Elijah Neville

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

MOTHER 14. Maiden name Kate Egan

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

16. (a) Informant Esther M. Neville

(b) Address 736 N. Euclid Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-1-42 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director

(b) Address 2117 E. Grand Blvd.

19. (a) MAY 31 1942 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 28 year 1942 hour 3 minute P. M.

21. I hereby certify that I attended the deceased from Dec 18-1936 to May 28 1942 that I last saw him alive on May 28 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage — Duration

Due to Uremic Incontinency

Edema Chronic Bronchitis

Due to

Other conditions (Include pregnancy within 3 months of death) 98

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 E. A. Schwamberger M.D. (D. or other)

Address 4470 Natural Bridge Date signed 5/29/42

844 (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 Frank C. [illegible]

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.