

FILED JUL 6 1942 91

1003

Registrar's No. 5341

Registration District No. ....

Primary Registration District No. ....

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  
2427a South 3rd St  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
(Specify whether  
In this community, Life  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St. Louis 17  
(If outside city or town limits, write "RURAL") 923  
(d) Street No. 2427a South 3rd St.  
(If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Erwin Neu

3. (b) If veteran, name war No 3. (c) Social Security No. 497-05-6431

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Elizabeth 6. (c) Age of husband or wife if alive 58 years  
7. Birth date of deceased September 20 1884  
(Month) (Day) (Year)

8. AGE: Years 57 Months 8 Days 30 If less than one day hr. min.

9. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Watchman

11. Industry or business Mines Equipment Co.

MOTHER FATHER {  
12. Name John Neu  
13. Birthplace Belleville Illinois  
(City, town, or county) (State or foreign country)  
14. Maiden name Elizabeth Wolz  
15. Birthplace Belleville Illinois  
(City, town, or county) (State or foreign country)

16. (a) Informant Elizabeth Neu  
(b) Address 2427a So. 3rd St.

17. (a) Burial (b) Date thereof 6/22/42  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Walnut Hill Cemetery Belleville Ill

18. (a) Signature of funeral director Walter Helms and Co. 60  
(b) Address 3634 Gravois Ave.

19. (a) W. F. Budach (b) W. F. Budach  
(If not received from Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 19 th. year 1942 hour 4 minute 25 A.M.

21. I hereby certify that I attended the deceased from Feb 10 1942 to June 19 1942  
that I last saw him in alive on June 17 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma Pulmonary Hemorrhage

Due to.....  
Due to.....

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

Major findings: Of operations H7  
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) no  
(b) Date of occurrence.....  
(c) Where did injury occur?.....  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work..... (Specify type of place) (Means of injury)  
23. Signature W. F. Budach (M. D. or other) MD  
Address 2702 So. Swain Date signed 6/19/42

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

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17  
9

**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 J. Gland  
Licensed Embalmer No. 445  
P. O. Address St. Louis

**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.**