. S. No. 2
M—9-4-41
v. 5-17-39
I X29484

96
0
0

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 8 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

28220

State File No. 0

Registration District No. 184 Primary Registration District No. 200 Registrar's No. 1806

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Lemay (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 110 E. Holden ave. / (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether In this community 51 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town Lemay (If outside city or town limits, write "RURAL") 0

(d) Street No. 110 E. Holden ave / (If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Rosa Neustaedter

3. (b) If veteran, name war none

3. (c) Social Security No. None

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Henry

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

7. Birth date of deceased April 1 (Month) 1867 (Day) (Year)

8. AGE: Years 75 Months 4 Days 26 If less than one day hr. min.

9. Birthplace St. Genevieve (City, town, or county) Mo. (State or foreign country) 0

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name Unknown Hauch
13. Birthplace (City, town, or county) Mo. (State or foreign country) 0

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) Unknown (State or foreign country) 4

16. (a) Informant Mrs L. A. Boggs

(b) Address 110 E. Holden ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 31, 1942 (Month) (Day) (Year)

(c) Place: burial or cremation St. Trinity Luth Cem.

18. (a) Signature of funeral director C Hoffmeister U F L Co.

(b) Address 7814 S. Broadway

19. (a) 8-28-42 (Date received local registrar) (b) E. G. McGarron (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 27 year 1942 hour 3 minute PM. M.

21. I hereby certify that I attended the deceased from 4-27, 1942 to Aug. 27, 1942 that I last saw her alive on Aug. 26, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of lung — Duration 4 months

Due to 47

Due to

Other conditions Arteriosclerosis (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 0

23. Signature Chas E. Paule (M. D. or other)

Address 7806 S. Broadway Date signed 8-28-42

707

(Licensed Embalmer's Statement on Reverse Side)

SEP 19 1947

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 Edwin H. Leibinger

Licensed Embalmer No. 4649

P. O. Address 6464 Chippewa

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.