

Filed NOV 16 1942
Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 9175

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: 3005 Osage St. 3
(If not in hospital or institution, write street number or address)
Creighton City Hospital
(Specify whether in this community _____ 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. 3005 Osage St.
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

24⁰⁰⁰/₁₉

3. (a) PRINT FULL NAME Charles Frederick Neuf, Sr.

3. (b) If veteran, name war

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 3
year 1942 hour 6 minute 25 P. M.

21. I hereby certify that I attended the deceased from

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced. Widowed

6. (b) Name of husband or wife. Mary Morris Neuf 6. (c) Age of husband or wife if alive

7. Birth date of deceased. January 23, 1863
(Month) (Day) (Year)

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

Immediate cause of death

8. AGE:	Years	Months	Days	If less than one day
	<u>79</u>	<u>9</u>	<u>10</u>	hr. min.

Duration

Generalized Arteriosclerosis

Due to Senility

Due to

Other conditions

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

10. Usual occupation. Miner

11. Industry or business. Coal Mine

Major findings: Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

MOTHER FATHER { 12. Name Peter Neuf

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

14. Maiden name. Pauline Scholl

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

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?

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?

(Specify type of place) (e) Means of injury

23. Signature J. F. Brueck (M. D. or other)
Address St. Louis, Mo. Date signed 11/4/42

16. (a) Informant Peter Neuf

(b) Address 3005 Osage St. St. Louis, Mo.

17. (a) Removal (b) Date thereof 11/4/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Belleville

18. (a) Signature of funeral director J. F. Brueck

(b) Address 1142 Belleville, Ill.

19. (a) (Date received local registrar)

(b) J. F. Brueck (Registrar's signature)

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.....

Not Embalmed

....., Registered Apprentice No.....

working under my personal supervision.

Not embalmed

Signed..... *Phil Ogden*.....

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.