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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

22468

State File No.

FILED JUL 10 1943

Registration District No. 377

Primary Registration District No. 6076

Registrar's No. 1563

1. PLACE OF DEATH:

(a) County ST. LOUIS COUNTY

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

(c) Name of hospital or institution:
VETERANS ADMINISTRATION FACILITY 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Adm. June 8, 1943 (Specify whether
In this community since 6/8/43.
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 999

(a) State Illinois (b) County 11

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

(d) Street No. -
(If rural, give location)

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

If yes, name country - 2

3. (a) PRINT FULL NAME John J. Neudecker

3. (b) If veteran, name war World War #1

3. (c) Social Security No. 357-10-8292

4. Sex Male

5. Color or race White 0

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

6. (b) Name of ~~husband or~~ wife Mary

6. (c) Age of ~~husband or~~ wife if alive 51 years

7. Birth date of deceased March (Month) 20, (Day) 1887 (Year)

8. AGE: Years 56 Months 3 Days 16 If less than one day hr. min.

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

10. Usual occupation Laborer

11. Industry or business Odd Jobs

FATHER
12. Name Peter Neudecker
13. Birthplace St. Louis (City, town, or county) Missouri 0 (State or foreign country)

MOTHER
14. Maiden name Johanna Voight
15. Birthplace Marine (City, town, or county) Illinois 0 (State or foreign country)

16. (a) Informant M. Schilling

(b) Address Clinical Clerk, VAF, Jeff. Bks., Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof July 7, 43 (Month) (Day) (Year)

(c) Place: burial or cremation Marine, Illinois

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

(b) Address 7814 S. Broadway St. Louis, Mo.

19. (a) JUL 8 1943 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 6th, year 1943 hour 4:40 minute P. M.

21. I hereby certify that I attended the deceased from June 8, 1943 to July 6, 1943; that I last saw him alive on July 6, 1943; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death PNEUMONIA, LOBAR, BILATERAL, TYPE UNDETERMINED.	Abt. 18 da
PLEURISY WITH EFFUSION, BILATERAL.	Abt. 18 da
Due to -	
Due to -	
Other conditions Leukemia, myelogenous, chr. (Include pregnancy within 3 months of death)	Unkn.

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Major findings: Of operations Thoracentesis, left, 6/23/43.

Of autopsy Autopsy not granted.

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? (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? (Means of injury)

23. Signature L. M. COCHRAN, M.D., (M.D. or other)

Address Chief Medical Officer Vet. Adm. Fac., Jeff. Bks., Mo. Date signed 7/7/43.

(Licensed Embalmer's Statement on Reverse Side)

AUG 23 1943

AUG 26 1943

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 Paul A. Franklin, Registered Apprentice No. ....., working under my personal supervision.

Signed Paul A. Franklin

Licensed Embalmer No. 3472

P. O. Address 781480 Broadway

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.