

090

S. No. 2
OM-2-43
v. 5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26934

RECEIVED SEP 11 1943

Registration District No. 312 Primary Registration District No. 1003 Registrar's No. 7788

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 28 Days
(Specify whether years, months or days)

In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000

(c) City or town St. Louis 17

(d) Street No. 4407 Washington Blvd. 912
(If outside city or town limits, write "RURAL")
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Lottie Neuroth

3. (b) If veteran, No No name war _____

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 29,
year 1943 hour 11:50 minute _____ P. M.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife John Neuroth

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

7. Birth date of deceased May 8, 1864.
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from August 2, 1943 to August 29, 1943 that I last saw h. OR alive on August 29, 1943 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
79 3 21 _____ hr. _____ min.

Immediate cause of death arteriosclerotic heart disease

Due to _____

Due to _____

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

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

10. Usual occupation Retired

MOTHER FATHER

11. Industry or business _____

12. Name John N. Fleming

13. Birthplace Missouri

14. Maiden name Elizabeth Adams
(State or foreign country)

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

Major findings: Of operations none

Of autopsy none

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant P.G. Miller

(b) Address Columbus, Ohio.

17. (a) Removal Removal (b) Date thereof Aug. 31/43.
(Burial, cremation, or removal) (Month) (Year) (Year)

(c) Place: burial or cremation Desota Missouri

18. (a) Signature of funeral director Jos. W. Clark

(b) Address 1125 Hodiamont Ave.

19. (a) AUG 30 1943 (b) J. F. Bruck
(Date received local registrar's certificate) (Registrar's signature)

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Martin W. Davis (M. D. or other) _____

Address 1515 Lafayette Avenue. Date 8/30/43

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

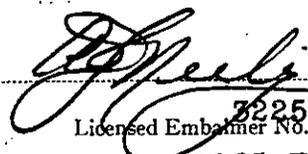
STATEMENT BY LICENSED EMBALMER

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.....



Licensed Embalmer No. 3225.....

P. O. Address 1125 Hodiament Ave.,.....

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.