

No. 2
-5-43
17-39
X36671

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

FILED FEB 27 1944
Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **628**

1. PLACE OF DEATH:

(a) County St. Louis
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
4560 Oakland Av. 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution..... (Specify whether
 In this community.....
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 000
 (c) City or town St. Louis 12
 (If outside city or town limits, write "RURAL") 918
 (d) Street No. 4560 Oakland Av.
 (If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country..... 0

3. (a) PRINT FULL NAME Mary F. Neumann
3. (b) If veteran, name war no
3. (c) Social Security No. no

4. Sex Female **5. Color or race** white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife, Charles F. Neumann
6. (c) Age of husband or wife if 68 years
7. Birth date of deceased Oct. 3 1875
 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>68</u>	<u>3</u>	<u>16</u>hr.min.

9. Birthplace Germany 4
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Unknown Weidmann
13. Birthplace Germany 4
 (City, town, or county) (State or foreign country)
14. Maiden name Wilhelmine Unknown
15. Birthplace Germany 4
 (City, town, or county) (State or foreign country)

16. (a) Informant Charles F. Neumann
(b) Address 4560 Oakland Av.

17. (a) Burial **(b) Date thereof** 1-22-44
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Bur. Pk.
18. (a) Signature of funeral director Witt Bros. & Co.
(b) Address 2929 S. Jefferson Av.

19. (a) JAN 21 1944 **(b)** J. J. Bueck
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 19
 year 1944 hour 7 minute 20 P. M.
21. I hereby certify that I attended the deceased from October 23,
1944 to Jan. 19 1944
 that I last saw her alive on Jan. 19 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death Uraemia 13!
 Duration 5 days
 Due to.....
 Due to.....

Other conditions Chronic myocarditis 2 1/2 mons.
Chronic nephritis 2 1/2 mons.
 (Include pregnancy within 3 months of death) **PHYSICIAN**
 Major findings: None
 Of operations.....
 Of autopsy..... None
 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?

While at work?..... (Specify type of place)
 Means injury.....
23. Signature Elva Simpson **(M. D. or other)** M.D.
 Address 3739 Gravois Date signed 1/20/44

JAN 21 1944

Separate Emb Cert to be filled

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.....

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.