

S. No. 2  
M-5-43  
5-17-39  
I X36671

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

121437

State File No. \_\_\_\_\_

FILED APR 1 1944

Registration District No. 317

Primary Registration District No. 3063

Registrar's No. 750

1. PLACE OF DEATH:

(a) County... St. Louis

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

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

(d) Length of stay: In hospital or institution... 1 day  
(Specify whether years, months or days)

In this community... \_\_\_\_\_  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town... Wellston  
(If outside city or town limits, write "RURAL")

(d) Street No... 6138 Wagner  
(If rural, give location)

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

3. (a) PRINT FULL NAME... George Neff

3. (b) If veteran, name war... --

3. (c) Social Security No... --

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3-26-44 day...  
year... hour 5:55 minute... P.M.

21. I hereby certify that I attended the deceased from  
3-25-44 19... to 3-26-44 19...  
that I last saw him alive on 3-26-44 19...  
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife... Isabell Neff

6. (c) Age of husband or wife if alive... 71 years

7. Birth date of deceased... 11-20-1865  
(Month) (Day) (Year)

Immediate cause of death...  
Bronchopneumonia 2 days  
Cerebral Hemorrhage 3 days

Due to... Hypertensive cardiovascular disease 20 yrs.

8. AGE: Years Months Days If less than one day  
78 4 6 hr. min.

Other conditions  
(Include pregnancy within 3 months of death)

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

10. Usual occupation... Unemployed

11. Industry or business... \_\_\_\_\_

12. Name... Alvin Allen Neff

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

14. Maiden name... Margaret A. Logan

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

16. (a) Informant... Isabell Neff

(b) Address... 6138 Wagner, Wellston, Mo.

17. (a) Burial (b) Date thereof... 3-30-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation... Memorial Park Cemetery

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

(b) Address... 1125 Hodigmont

19. (a) MAR 28 1944 (b) C. G. Mc Gowan, M.D.  
(Date received local registrar) (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)

(c) Means of injury... \_\_\_\_\_

Signature... J. A. Nilson (M. D. or other) M.D.  
Address... 60 So. Brentwood Blvd. Date signed 3-27-44

Duration

2 days

3 days

20 yrs.

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

26  
2  
3

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**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..... *Joe W. Clark*.....  
Licensed Embalmer No. *1661*.....  
P. O. Address. *1125 Hodiamon*.....

**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.**