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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

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

FILED JUL 1 1944

Registration District No. 317

Primary Registration District No. 3069

Registrar's No. 1396

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:  
St. Mary's Hospital  
(If not in hospital or institution, write street number or location) 0

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin 36

(c) City or town Washington 6  
(If outside city or town limits, write "RURAL") 2

(d) Street No. 719 E. 7th St.  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Harry Neubert

3. (b) If veteran, name war None

3. (c) Social Security No. 473-09-1628

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 26  
year 1944 hour 9:15 minute P. M.

21. I hereby certify that I attended the deceased from June 17  
1944 to June 26 1944  
that I last saw him alive on 6-26 1944  
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 Eileen Neubert 6. (c) Age of husband or wife if alive 24 years

7. Birth date of deceased July 16 1911  
(Month) (Day) (Year)

8. AGE: Years 32 Months 11 Days 10  
If less than one day hr. \_\_\_\_\_ min.

Immediate cause of death: P.O. Shock

Due to Re. Calculeus Pyrophosis

Due to Rh Retropentment alcess

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: As above

Of autopsy: 12/20

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

9. Birthplace Sauk Rapids Minnesota  
(City, town, or county) (State or foreign country)

10. Usual occupation Stone Cutter

11. Industry or business Monuments

MOTHER FATHER { 12. Name August Neubert

{ 13. Birthplace Unknown Germany 4  
(City, town, or county) (State or foreign country)

{ 14. Maiden name Anna Unknown

{ 15. Birthplace Unknown Unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Eileen Neubert

(b) Address Washington, Mo.

17. (a) Removal (b) Date thereof 8-28-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. St. ReCloud, Minn.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) JUN 28 1944 (b) C. S. Mc Gowan, Jr.  
(Date received local registrar) (Registrar's signature)

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

23. Signature Oliver E. Clark (M. D. or other) D

Address 634 N. Grand Date signed 6-27

(Licensed Embalmer's Statement on Reverse Side)

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

MAY 4 1948

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

*W. Wilkinson*

Licensed Embalmer No.

3575

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.