

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 26 1944

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 0

Registration District No. 017

Primary Registration District No. 3064

Registrar's No. 1927

1. PLACE OF DEATH

(a) County St. Louis
(b) City or town Ferguson
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
173 Carson Road 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)

3. (a) PRINT FULL NAME Jesse M. Neff

3. (b) If veteran, name war No 8. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Sybella B. Neff 6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased Dec 17, 1863
(Month) (Day) (Year)

8. AGE: Years 80 Months 9 Days 29 hr. _____ min. _____
If less than one day

9. Birthplace Pleasant Plains New York
(City, town, or county) (State or foreign country)

10. Usual occupation Stone Mason

11. Industry or business _____

12. Name John Neff

13. Birthplace Alsace France
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Neff

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

16. (a) Informant Stephen D. LaBerg

(b) Address 250 Louise Ave. Ferguson, Mo.

17. (a) Burial (b) Date thereof 9-18-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Chas. A. Kelly

(b) Address 4257 Washington Blvd

19. (a) SEP 18 1944 (b) C. R. McQuinn
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2601 So. Grand Bl.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 15 year 1944 hour 2 minute 30 M.

21. I hereby certify that I attended the deceased from 9-1-44, 1944, to 9-15, 1944, that I last saw him alive on 9-15, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death Chronic nephritis
Due to Chronic nephritis

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: Of operations None
Of autopsy None

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) None
(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? None

While at work? _____ (Specify type of place) (a) Means of injury None

23. Signature Ray Johnson (M. D. or other) 0
Address St. Louis, Mo. Date signed 9/15/44

Duration
1935
1930
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

90662

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

John Letter

Licensed Embalmer No. 3880

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, above space should be left blank.