

V. S. No. 2  
 00M—8-43  
 Rev. 5-17-39  
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DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **32645**

FILED NOV 15 1944 318  
 Registration District No. \_\_\_\_\_

Primary Registration District No. **1003**

Registrar's No. **9472**

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

1. PLACE OF DEATH:  
 (a) County \_\_\_\_\_  
 (b) City or town St Louis Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
1719 Preston Place.  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
 In this community Life.  
years, months or days)

3. (a) PRINT FULL NAME GEORGE J. NEIDEL  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife CECELIA NEIDEL 6. (c) Age of husband or wife if alive 43 years  
 7. Birth date of deceased Nov 10 1895  
(Month) (Day) (Year)

8. AGE: Years 48 Months 11 Days 26 hr. \_\_\_\_\_ min.  
If less than one day

9. Birthplace St Louis Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation FUR DRESSER.

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

12. Name George Neidel  
 13. Birthplace St Louis Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Katherine Sedlak  
(City, town, or county) (State or foreign country)

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

16. (a) Informant Cecelia Neidel  
 (b) Address 1719 Preston Place.

17. (a) Burial (b) Date thereon Nov. 9th/44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New S.S. Peter & Paul

18. (a) Signature of funeral director Thos Kutis & son

(b) Address 2906 Gravois Ave.

19. (a) NOV 8 1944 (b) J. F. Bradea  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County \_\_\_\_\_  
 (c) City or town St Louis  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 1719 Preston Place.  
(If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 6th  
 year 1944 hour 3 00 P.M. minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from 1-29  
1944, to 11-6, 1944  
 that I last saw him alive on 11-6, 1944  
 and that death occurred on the date and hour stated above.

Immediate cause of death  
Chronic myocarditis  
Chronic nephritis  
 Duration 14 years  
14 years

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

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

Major findings:  
 Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_  
 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) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Yes 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 John A. Smith (D. or other) M.D.

Address 767 Division Date signed 11-7-44

(Licensed Embalmer's Statement on Reverse Side)

