

FILED NOV 30 1944

State File No.

9724

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

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:
Mo. Baptist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 0
(Specify whether
In this community 0
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 0-20
(c) City or town St. Louis 176
(If outside city or town limits, write "RURAL")
(d) Street No. 5251 Cote Brillante Ave.
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 14
year 1944 hour 1 minute P M.
21. I hereby certify that I attended the deceased from 3-25-44
....., 19....., to 11-14-44, 19.....;
that I last saw h. er alive on 11-14-44, 19.....;
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis - Cordae
decompensation
Due to 930
Due to Chorea rheumatica

Duration
1. same
years.
2. 2 weeks

Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline
the cause to
which death
should be
charged sta-
tistically.

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 0
23. Signature James G. Dan (M. D. 0)
Address 1967 Union Date signed 11-15-44

3. (a) PRINT FULL NAME Jacqueline M. Neville

3. (b) If veteran, name war..... 3. (c) Social Security No.....

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

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

7. Birth date of deceased Dec. 28 1926
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
17 10 16 hr. min.

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

10. Usual occupation Student

11. Industry or business

12. Name Jack Neville

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

14. Maiden name Margaret Heyl

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

16. (a) Informant Robert Heberer

(b) Address 6210 Lexington Ave.

17. (a) Burial (b) Date thereof 11-17-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Freedom Cem

18. (a) Signature of funeral director Drehmann-Harral

(b) Address 1905 Union Blvd.

19. (a) NOV 16 1944 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

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

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 Warren A. Carver

Licensed Embalmer No. 3534

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.