

FILED MAR 9 1945
318

Primary Registration District No. 1003

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution 5231 Tennessee
(d) Length of stay: In hospital or institution _____
In this community _____

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 96
(c) City or town Jennings;
(d) Street No. 5216 Helen Ave.
(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME John J. W. Neuroth
3. (b) If veteran, name war No. 3. (c) Social Security No. No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb. day 17
year 1945 hour 1 minute 45 P. M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Minnie 6. (c) Age of husband or wife if alive _____ years

21. I hereby certify that I attended the deceased from Feb. 4, 1945, to Feb. 17, 1945
that I last saw him alive on Feb. 17, 1945
and that death occurred on the date and hour stated above.

7. Birth date of deceased: Oct. 24 1861
(Month) (Day) (Year)
8. AGE: Years 83 Months 3 Days 23
If less than one day _____ hr. _____ min.

Immediate cause of death Chronic myocarditis
Due to Arterio Sclerosis
Duration 1 yr

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

Other conditions 92
(Include pregnancy within 3 months of death)

10. Usual occupation Retired
11. Industry or business _____
12. Name Unknown
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

Major findings: 92
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. E. Bessinger,
(b) Address 5231 Tennessee
17. (a) Burial (b) Date thereof Feb. 20, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Bethany Cemetery

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? _____

18. (a) Signature of funeral director Wacker-Helberle
(b) Address 3634 Gravois Ave.
19. (a) FEB 19 1945 J. F. Brueck
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) (c) Means of injury 2
23. Signature 6673 Lillian Date signed _____

2/19/45

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, *Frank J. DeKanel*
Licensed Embalmer No. *2675*
P. O. Address, *St Louis mo*

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.