

FILED MAY 3 1945

318

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Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Louis City Hospital #1.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days
(Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St Louis

(c) City or town Rural RR #1376
(If outside city or town limits, write "RURAL")

(d) Street No. Westwood
(If rural, give location) NR

(e) Citizen of foreign country? / (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME OSCAR NEUGEBAUER

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

4. Sex Male (1) 5. Color or race white

6. (a) Single, widowed, married 9 divorced. Widowed

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

7. Birth date of deceased Feb 5- 1857
(Month) (Day) (Year)

8. AGE: Years 88 Months 2 Days 21 If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired Farmer

11. Industry or business _____

12. Name Neugebauer

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

14. Maiden name Widow

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

16. (a) Informant Emil Neugebauer

(b) Address 798 E. Essex, Rutward Mo.

17. (a) Burial (b) Date thereof 4-28-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Germany, Mo

18. (a) Signature of funeral director Louis J. Bopp

(b) Address Rutward Mo

19. (a) APR 28 1945 (b) J. F. Bredeck
(Date received by registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 26th
year 1945 hour 5:45 minute A. M.

21. I hereby certify that I attended the deceased from 4/24/45
_____ 19____, to 4/26/45 19____;
that I last saw him alive on 4/26/45 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Arteriosclerotic heart disease

Due to _____

Due to 93

Senile psychosis simple deterioration
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place) _____
Means of injury D

23. Signature Ellis J. Lipart (M. D. or other) _____

Address 1515 Lafayette 4/26/45 Signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

17
9

3768

3768

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.....

Van M. Simon

Licensed Embalmer No. *4343*

P. O. Address *7415 Zephyr Pl, Mo
Maplewood*

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.