S. No. 2
0M—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED JUL 20 1945

State File No. 22364

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5877

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:
Barnes Hospital, O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 38 days (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 060

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 6531 Hancock Ave 9 3
(If rural, give location)

(e) Citizen of foreign country? O (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME GLENN NEUPERT

3. (b) If veteran, name war No

3. (c) Social Security No.

4. Sex Male O

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 April (Month) 30 (Day) 1924 (Year)

8. AGE: Years 21 Months 2 Days 5 If less than one day hr. min.

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

10. Usual occupation Machnist

11. Industry or business Progresive Service Co

FATHER
12. Name Otto Neupert
13. Birthplace St. Louis (City, town, or county) Mo O (State or foreign country)

MOTHER
14. Maiden name Julia Giese
15. Birthplace ST. Louis (City, town, or county) Mo O (State or foreign country)

16. (a) Informant Otto Neupert
(b) Address 6531 Hancock Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7 (Month) 9 (Day) 45 (Year)
(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Kriegshauser
(b) Address 4228 So. Kingshighway

19. (a) JUL 6 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 5
year 1945 hour 2 minute 25 P. M.

21. I hereby certify that I attended the deceased from May 28, 1945 to July 5, 1945
that I last saw him alive on July 5, 1945;
and that death occurred on the date and hour stated above.

Immediate cause of death Hydrocephalus

Due to Brain tumor

Due to Non-malignant tumor

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations Increased intracranial pressure
Of autopsy Tumor of Corpora Quadrigemina

Duration

PHYSICIAN
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) 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? F. R. Bradley 45 (e) Means of injury

23. Signature M. D. Hatch (M. D. or other)

Address Barnes Hospital Date signed 7/1/45

(Licensed Embalmer's Statement on Reverse Side)

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.....Edwin D. McDermott

Licensed Embalmer No.....3024

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.