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

State File No. 32223

FILED NOV 2 1945

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9107

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: St. Anthony Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 17hrs (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

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

(d) Street No. 1505 So. Grand Blvd. 9
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Oakley Neau

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased Oct. (Month) 21 (Day) 1945 (Year)

8. AGE: Years -- Months -- Days -- If less than one day 11 hr. min.

9. Birthplace St. Louis, (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Child

11. Industry or business

FATHER 12. Name Oakley T. Neau

13. Birthplace Rice Lake (City, town, or county) Wisconsin (State or foreign country)

MOTHER 14. Maiden name Judson McMonaway

15. Birthplace Atlanta Georgia (City, town, or county) / (State or foreign country)

16. (a) Informant Oakley T. Neau

(b) Address 1505 So. Grand Blvd.

17. (a) Burail (Burial, cremation, or removal) (b) Date thereof 10/22/45 (Month) (Day) (Year)

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

18. (a) Signature of funeral director Gebken-Benz Mort.

(b) Address 2842 Meramec St.

19. (a) OCT 22 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 21 year 1945 hour 5:00 minute P M.

21. I hereby certify that I attended the deceased from birth - oct 21 5:48 a.m., 1945, to Oct 21 5pm, 1945; that I last saw her alive on Oct 21, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration

~~Due to~~ multiple hemorrhages - petechial in Heart, ~~lung~~ liver, spleen, Brain & massive hemorrhages into both lungs — — few hours

Due to premature - 8 mo. (wt 4 lb. 12 oz)

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy: Same as above

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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) no

(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 [illegible] M.D. (M. D. or other)

Address 3804 Wilmington Ave Date signed 10/22/45

(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 No Embalming, Registered Apprentice No.....,
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.