

S. No. 2  
DM-5-43  
v. 5-17-39  
I X36871

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **34674**  
Registrar's No. **1420**

Registration District No. **317** Primary Registration District No. **6076**

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

1. PLACE OF DEATH:  
(a) County **St. Louis,**  
(b) City or town **Affton**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**9324 Rambler Drive /**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **St. Louis,**  
(c) City or town **Affton**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **9324 Rambler Drive**  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Mary Elizabeth Neumeier**  
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 **Married**  
6. (b) Name of husband or wife **William Neumeier** 6. (c) Age of husband or wife if alive **75** years  
7. Birth date of deceased **May 29 1870**  
(Month) (Day) (Year)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **Oct.** day **17th** year **1945** hour **7** minute **20 A.M.**  
21. I hereby certify that I attended the deceased from **8/27/1945** to **10/17/45**  
that I last saw her alive on **10/17** and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<b>75</b>	<b>4</b>	<b>20</b>	_____ hr. _____ min.

Immediate cause of death **Myocarditis** Duration **1 week.**  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions **Cancer of intestines 6 months**  
(Include pregnancy within 3 months of death)

9. Birthplace **Germany** (City, town, or county) (State or foreign country)  
10. Usual occupation **At Home**  
11. Industry or business \_\_\_\_\_  
12. Name **John Girard**  
13. Birthplace **Germany** (City, town, or county) (State or foreign country)  
14. Maiden name **Elizabeth Shommer**  
15. Birthplace **Germany** (City, town, or county) (State or foreign country)

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

16. (a) Informant **William Neumeier Jr.**  
(b) Address **9324 Rambler Drive**  
17. (a) **Removal** (b) Date thereof **10/19/45**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Mount Olive Ill.**  
18. (a) Signature of funeral director **Gebken-Benz Mortuary**  
(b) Address **2842 Meramec St.**  
19. (a) **10-19-45** (b) **E. J. ...**  
(Date received local registrar) (Registrar's signature)

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 \_\_\_\_\_ (Specify type of place) Means of injury **M.P.**  
23. Signature **W. J. Simpson** (M. D. or other) \_\_\_\_\_  
Address **3739 Travis Ave** Date signed **10/17/45**

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**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 J. A. Burgess

Licensed Embalmer No. 4029

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.**