

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 9825

**1. PLACE OF DEATH:**

(a) County Saint Louis

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

(c) Name of hospital or institution:  
Homer Phillips Hospital 0  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 20 days  
(Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days

**3. (a) PRINT FULL NAME** GEORGE NEAL

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

4. Sex Male 5. Color or race negro 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Barbara Neal 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased: Dec. 25 1893  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<u>51</u>	<u>10</u>	<u>27</u>	hr. _____ min. _____

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

10. Usual occupation Ice Man

**MOTHER FATHER**

11. Industry or business \_\_\_\_\_

12. Name Sam Neal

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

14. Maiden name Mary McCall

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

16. (a) Informant Barbara Neal

(b) Address 1818 Division

17. (a) Burial (b) Date thereof 11-14-45  
(Burial, cremation, or other) (Month) (Day) (Year)

\* (c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director George Taylor

(b) Address 3103 Washington

19. (a) NOV 14 1945 (b) J. F. Bredek  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County 000

(c) City or town Saint Louis 2117  
(If outside city or town limits, write "RURAL")

(d) Street No. 1818 Division 9  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No) 0  
If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Nov. day 8  
year 1945 hour 4 minute 55 P. M.

21. I hereby certify that I attended the deceased from 10-19, 1945, to 11-8, 1945;  
that I last saw him alive on 11-8, 1945;  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Far Advanced Pulmonary Tuberculosis Unk

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Organic Brain Disease Unk  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy None

**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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(b) Means of injury W.B. Gorman

23. Signature W.B. Gorman (M. D. or other) \_\_\_\_\_  
Address 2601 N. Whittier Date signed 11/9/45

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

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17  
9

**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..... *H. Claude Gordon*.....

Licensed Embalmer No..... *3489*.....

P. O. Address..... *4575 Aldine*.....

**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.**