S. No. 2
M—5-43
5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 725

FILED JAN 25 1946

Registration District No. 518 Primary Registration District No. 1003 Registrar's No. 509

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

(d) Length of stay: In hospital or institution 2 Weeks, (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County 000

(c) City or town St. Louis, (If outside city or town limits, write "RURAL") 1317

(d) Street No. 4243 Louisiana Ave., (If rural, give location) 9

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

If yes, name country

3. (a) PRINT FULL NAME Oliver Henry Neuner,

3. (b) If veteran, name war

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 December 31, 1919, (Month) (Day) (Year)

8. AGE: Years 26 Months -0- Days 15 If less than one day hr. min.

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

10. Usual occupation Clerk,

11. Industry or business

FATHER 12. Name Louis J. Neuner,

13. Birthplace Rich Fountain Mo (City, town, or county) Missouri, O (State or foreign country)

MOTHER 14. Maiden name Johanna Neuner,

15. Birthplace St. Louis, (City, town, or county) Missouri, O (State or foreign country)

16. (a) Informant Johanna Neuner,

(b) Address 4243 Louisiana Ave.,

17. (a) Burial, (Burial, cremation, or removal) (b) Date thereof 1/18/46 (Month) (Day) (Year)

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

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

(b) Address 2842 Meramec St.

19. (a) JAN 16 1946 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 15th year 1946 hour 2: minute 05 P. M.

21. I hereby certify that I attended the deceased from Aug 26 1945 to 1-15 1946 that I last saw him alive on 1-15 1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Medullo Blastoma of Cerebellum with Metastasis to Spine, Pelvis, Ribs	2 yrs. 2 yrs.
Due to Femur & Shoulder Secondary Anemia	6 mo
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations

Of autopsy Tumor infiltration of Bone & Lymph Structure

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? (e) Means of injury

23. Signature Louis J. Ritter M.D. (M. D. or other) M.D.

Address 3725 Washington Date signed 1-16-46

(Licensed Embalmer's Statement on Reverse Side)

2918

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

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 me, Registered Apprentice No. , working under my personal supervision.

Signed Loron E. Percy

Licensed Embalmer No. 4094

P. O. Address 2842 Meramec St., St. Louis, Mo. (18)

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.