S. No. 2
OM—5-43
v. 5-17-39
b 1 X36671

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

13053

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED APR 17 1946

State File No. 15053

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3159

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: 5445 Claxton Ave /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (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") 17

(d) Street No. 5445 Claxton Ave (If rural, give location) 79

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

If yes, name country

3. (a) PRINT FULL NAME Susan Neece

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widow 2

6. (b) Name of husband or wife

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

7. Birth date of deceased October 10, 1854 (Month) (Day) (Year)

8. AGE: Years 91 Months 5 Days ~~25~~ 24 If less than one day hr. min.

9. Birthplace Whitehall (City, town, or county) Ills. / (State or foreign country)

10. Usual occupation At home

11. Industry or business

FATHER
12. Name David De Vault
13. Birthplace Unknown (City, town, or county) Ills. / (State or foreign country)

MOTHER
14. Maiden name Mary Meyers
15. Birthplace Unknown (City, town, or county) Ills / (State or foreign country)

16. (a) Informant Robert Neece
(b) Address 5445 Claxton Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/6/46 (Month) (Day) (Year)
(c) Place: burial or cremation Whitehall, Ills.

18. (a) Signature of funeral director Math Hermann & Son
(b) Address 2161 East Fair Ave

19. (a) APR 5 1946 (Date received by local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 4, year 1946 hour 12:15 AM minute M.

21. I hereby certify that I attended the deceased from Jan. 2 1945 to ~~Jan~~ April 4 1946 that I saw her alive on april 2 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Arterio Sclerosis — Duration not known

Due to

Due to 97

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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 George A. Mueller (M. D. or other)

Address 2504 N 14 Date signed April 4, 46

(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 Raymond F. Hoffmann

Licensed Embalmer No. 4266

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.