

S. No. 2  
OM-5-43  
v. 5-17-39  
I X36671

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH  
1003

State File No. **25563**  
Registrar's No. **5975**

**FILED** JUL 22 1946  
Registration District No. **318**

Primary Registration District No. \_\_\_\_\_

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

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:  
5481 Arlington Ave. /  
(If not in hospital or institution, write street number or location)

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

In this community 50 Years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County \_\_\_\_\_

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

(d) Street No. 5481 Arlington Ave.  
(If rural, give location)

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

3. (a) PRINT FULL NAME Mary Neels

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 Widow

6. (b) Name of husband or wife Peter F. Neels

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

7. Birth date of deceased Oct. 24 1946 1878  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>77</u>	<u>8</u>	<u>12</u>	hr. _____ min. _____

9. Birthplace Belgium 4  
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

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

12. Name Edward Bauwens

13. Birthplace Belgium 4  
(City, town, or county) (State or foreign country)

14. Maiden name Dont Know

15. Birthplace Belgium 4  
(City, town, or county) (State or foreign country)

16. (a) Informant Al Neels

(b) Address 5481 Arlington Ave.

17. (a) Removal (b) Date thereof 7-7-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Perryville MO.

18. (a) Signature of funeral director Arthur J. Donnelly

(b) Address 3840 Lindell Blvd

19. (a) JUL 7 1946 (b) Medner  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 6th  
year 1946 hour 2 minute P. M.

21. I hereby certify that I attended the deceased from 12-19 1940 7-6- 46  
that I last saw her alive on 7-6- 19 46  
and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic myocardial (aged 80)  
Degeneration  
Arteriosclerosis  
(General)

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

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

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: none seen

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)

(c) Means of injury \_\_\_\_\_

23. Signature O. Abel (M.D. or other) \_\_\_\_\_

Address 495 - Woyland Ave Date signed 7/6/46

Per. J. H. Hungen  
same address

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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.....

*W.H. VanMatre*

Licensed Embalmer No. *2825*

P. O. Address *4340 Lafayette*

**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.**