S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 25 1947

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 15482

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 3135

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: St. Louis City Hospital O
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4454 Delor Ave.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME NORA NEAL

3. (b) If veteran, name war No

3. (c) Social Security No. Unknown

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Eliza Neal

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased October (Month) 20 (Day) 1892 (Year)

8. AGE: Years 54 | Months 5 | Days 3 | If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name John E. Sperry
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Helen Amanda Crockett
15. Birthplace Illinois (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. A. H. Van Buren
(b) Address 4454 Delor Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-24-47 (Month) (Day) (Year)
(c) Place: burial or cremation Clinton, Mo.

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.

19. (a) MAR 24 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 23 year 1947 hour 8 minute 15 AM.

21. I hereby certify that I attended the deceased from 3/20/ 1947 to 3/23 1947 that I last saw h.e.a. alive on 3/23 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
LOBAR PNEUMONIA	1 WK.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) ANOREXIA NERVOSA	

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? O
While at work? (Specify type of place) (e) Means of injury

23. Signature Joe H. Harden (M. D. or other) M.D.
Address City Hospital Date signed 3/28/47

(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 J. Allen Davis Jr.

Licensed Embalmer No. 4053

P. O. Address St Louis

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.