S. No. 2
—1/47
. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 8 1947

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 25881

Registrar's No. 7038

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: Deaconess Hospital O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 18 days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County ood
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 5028 Aubert Ave 9
(If rural, give location)
(e) Citizen of foreign country? 7 (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Gertrude Neumann
3. (b) If veteran, name war None
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 John Neumann
6. (c) Age of husband or wife if alive -------years
7. Birth date of deceased March 6, 1884 (Month) (Day) (Year)

8. AGE: Years 63 Months 4 Days 22 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country) O
10. Usual occupation Mullanphy Floral Co.
11. Industry or business

MOTHER FATHER
12. Name Edward Fellows
13. Birthplace Unknown (City, town, or county) England (State or foreign country) 4
14. Maiden name Mary E Argyle
15. Birthplace Unknown (City, town, or county) England (State or foreign country) 4

16. (a) Informant Mrs Jessie Gregson
(b) Address 451 Woodlawn Webster, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/31/47 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Math Hermann & Son, Inc.
(b) Address 2161 East Fair Ave
19. (a) JUL 29 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28th year 1947 hour 8:00 AM minute M.

21. I hereby certify that I attended the deceased from 19 Oct 1946 to 28 July 1947 that I last saw he alive on 26 July 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Gastric Ulcer — Duration 4 yrs
Due to O
Due to 117
Other conditions (Include pregnancy within 3 months of death)
Major findings of operation Large Gastric Ulcer near Pylorus
Of autopsy

PHYSICIAN — Underline the cause of 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) O
While at work? (e) Means of injury

23. Signature J. R. Eckenhoff (M. D. or other) MD
Address 6347 Grand Date signed 29 July 47

Jefferson City Printing Co.

(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 William G Buchholz

Licensed Embalmer No. 2110

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.