S. No. 2
M—1/47
v. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 36112

FILED OCT 24 1947

Registration District No. 318 | Primary Registration District No. 1003 | Registrar's No. 9520

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: City Sanitarium
(If not in hospital or institution, write street, number or location)

(d) Length of stay: In hospital or institution 14yrs 3mos 18days. (Specify whether years, months or days)

In this community 42 years

2. USUAL RESIDENCE OF DEACESED:

(a) State Missouri (b) County

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

(d) Street ~~3700 Salome St~~ City Sanitarium
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME MAJOR NEELY

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex male

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased August 23, 1901 (Month) (Day) (Year)

8. AGE: Years 46 | Months 1 | Days 21 | If less than one day hr. min.

9. Birthplace Pond Creek Okla. (City, town, or county) (State or foreign country)

10. Usual occupation Civil Engineer

11. Industry or business

FATHER
12. Name James Thurman Neely
13. Birthplace Nickapoo, Wisconsin (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Anna May Neely
15. Birthplace Plat Center Nebr. (City, town, or county) (State or foreign country)

16. (a) Informant Thelma Bengler
(b) Address 5400 Arsenal St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/17/47 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cemetery

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

19. (a) OCT 16 1947 (Date received local registrar) (b) J. F. Bradeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 14 year 1947 hour 11:45 minute P. M.

21. I hereby certify that I attended the deceased from April 1 1941 to Oct. 14 1947 that I last saw him alive on Oct. 14 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Nephritis	5yrs.
Paresis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy yes

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)
While at work? (e) Means of injury

23. Signature R. Novacek (M. D. or other) M.D.
Address 5400 Arsenal St Date signed 10-15-47

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 Gustav W Mutule

Licensed Embalmer No. 4329

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.