S. No. 2
A—1/47
. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 15 1947

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 100

40018

State File No.

Registrar's No. 11265

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: 2107 PARK AV. (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 Mo. (b) County

(c) City or town ST. LOUIS (If outside city or town limits, write "RURAL")

(d) Street No. 2107 PARK AV. (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME PAUL NEUMANN

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M.

5. Color or race W.

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

6. (b) Name of husband or wife LEONA NEUMANN

6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased OCT. (Month) 6 (Day) 1896 (Year)

8. AGE: Years	Months	Days	If less than one day
51	2	2	hr. min.

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

10. Usual occupation PRINTER

11. Industry or business

FATHER 12. Name JOCOB NEUMANN

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

MOTHER 14. Maiden name ANTOINETTE DAVIS

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

16. (a) Informant LEONA NEUMANN

(b) Address 2107 Park Av.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 12-10-47 (Month) (Day) (Year)

(c) Place: burial or cremation ST. MATTHEWS

18. (a) Signature of funeral director E. J. Schmun

(b) Address 3125 Lafayette Av.

19. (a) DEC 9-1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 8 year 1947 hour 4:45 minute A.M.

21. I hereby certify that I attended the deceased from Aug 15, 1946, to Dec 7, 1947, that I last saw him alive on Dec 7, 1947, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bronchial asthma	many years
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death): Pulmonary Emphysema	years

Major findings:
Of operations
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)

While at work? (e) Means of injury

23. Signature Frank Cohen (M. D.)

Address 462 N. Taylor St. Louis Date signed Dec 8/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

mil

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 Jos B Vollmer

Licensed Embalmer No. 4014

P. O. Address 3125 Lafayette Ave

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.