

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **10901**  
Registrar's No. **786**

FILED APR 5 1948  
Registration District No. **282**

Primary Registration District No. **3063**

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

1. PLACE OF DEATH:  
(a) County **St. Louis**  
(b) City or town **Clayton**  
(c) Name of hospital or institution: **St. Louis County**  
(d) Length of stay: In hospital or institution **2 days**  
In this community **4 days**

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Mo.** (b) County **St. Louis 96**  
(c) City or town **Wallerston**  
(d) Street No. **6337 Wagner**  
(e) Citizen of foreign country?  No  Yes

3. (a) PRINT FULL NAME **Hugh McNeal**  
3. (b) If veteran, name war \_\_\_\_\_  
3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **March** day **21**  
year **1948** hour **9** minute **15** A.M.  
21. I hereby certify that I attended the deceased from **March 19** 19**48** to **March 21** 19**48**  
that I last saw him alive on **March 21** 19**48**  
and that death occurred on the date and hour stated above.

4. Sex **M** 5. Color or race **Col.**  
6. (a) Single, widowed, married, divorced **M**  
6. (b) Name of husband or wife **Mamie Smith**  
6. (c) Age of husband or wife if alive **78** years  
7. Birth date of deceased **MARCH 1 - 1879**

Immediate cause of death **cerebral hemorrhage**  
Due to **arteriosclerosis?**  
Due to **530**

8. AGE: Years **69** Months **20** Days **9**  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace \_\_\_\_\_  
10. Usual occupation **factory work**  
11. Industry or business **none**  
12. Name **Austin McNeal**  
13. Birthplace **Tenn.**  
14. Maiden name **Elisa**  
15. Birthplace **Tenn.**

Other conditions \_\_\_\_\_  
Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant **Co. Hosp. Records**  
(b) Address **Clayton, Mo.**  
17. (a) **BURIAL** (b) Date thereof **3-26-48**  
(c) Place: burial or cremation **Green Wood Cem.**  
18. (a) Signature of funeral director **Lee J. [unclear]**  
(b) Address **3615 [unclear]**  
19. (a) **3-25-48** (b) **[unclear]**

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? \_\_\_\_\_  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_  
While at work \_\_\_\_\_ (Specify type of place) \_\_\_\_\_  
Means of injury \_\_\_\_\_  
23. Signature **[unclear]** (M. D. or other) \_\_\_\_\_  
Address **[unclear]** Date signed **3/21/48**

**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.....

Leoffice E. Cooper....., Registered Apprentice No. 505  
working under my personal supervision.

Signed

James E. Hyatt

Licensed Embalmer No. 4441

P. O. Address 2829 Washington

**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.**