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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

21615

FILED JUL 14 1948

State File No.

Registration District No. 517

Primary Registration District No. 3270

Registrar's No. 1616

1. PLACE OF DEATH:

(a) County ST LOUIS

(b) City or town WEBSTER GROVES
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
129 CENTRAL AVE 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution —
In this community 20 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST. LOUIS

(c) City or town WEBSTER GROVES 96
(If outside city or town limits, write "RURAL")

(d) Street No. 129 CENTRAL AVE
(If rural, give location)

(e) Citizen of foreign country? — (Yes or No) 0
If yes, name country —

3: (a) PRINT FULL NAME IDA SOPHIA NEUMANN

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 29
year 1948 hour 9 minute 15 P.M.

21. I hereby certify that I attended the deceased from 1945 to June 27 1948
that I last saw him alive on July and that death occurred on the date and hour stated above.

4. Sex FEMALE race WHITE divorced MARRIED

5. Color or

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

6. (b) Name of husband or wife REV. ROBERT H. NEUMANN alive 85 years

6. (c) Age of husband or wife if alive 85 years

7. Birth date of deceased DEC. 17 - 1860
(Month) (Day) (Year)

Immediate cause of death Coronary Thrombosis Duration —

Due to 946

Due to —

Other conditions Arteriosclerosis
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
87 6 10 — hr. — min.

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

10. Usual occupation AT HOME

Major findings:
Of operations —

Of autopsy —

PHYSICIAN —
Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business —

12. Name AUGUST SCHARPING

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

14. Maiden name WILHELMINA HOPPE

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

16. (a) Informant ROBERT H. NEUMANN
(b) Address 129 CENTRAL AVE

17. (a) BURIAL (b) Date thereof 7-1-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation OUR REDEEMER CEMETERY

18. (a) Signature of funeral director Parker and Co
(b) Address WEBSTER GROVES, MO

19. (a) 6-30-48 (b) Carla J. Stapp
(Date received local registrar) (Registrar's signature)

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? —

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

23. Signature J. Vellon (M. D. or other) —
Address 52 W. Big Bend Date signed 6/29/48

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

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.....

Leslie Welch

Licensed Embalmer No. *4395*

P. O. Address *Hopster Grove*

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.