

FILED JUL 25 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25153

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1003

State File No. 6205

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Louis</u>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Louis</u>		077			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3419 Gasconade</u>				d. STREET ADDRESS (If rural, give location) <u>15 3419 Gasconade</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mother Mary</u> b. (Middle) <u>Wenceslaus</u> c. (Last) <u>Neuman</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 14, 1949</u>						
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED-NEVER MARRIED- WIDOWED-DIVORCED- <u>Religious</u> (Specify)		8. DATE OF BIRTH <u>January 15, 1888</u>			
9. AGE (In years last birthday) <u>61</u>		IF UNDER 1 YEAR Months <u>5</u> Days <u>29</u>		IF UNDER 24 HRS. Hours <u></u> Min. <u></u>					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Teaching</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Teacher</u>			11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo.</u>			
12. CITIZEN OF WHAT COUNTRY? _____		13a. FATHER'S NAME <u>John Neuman</u>		13b. MOTHER'S MAIDEN NAME <u>Frances Jazdziewska</u>		14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Sister M. Constance (Sec.) 3419 Gasconade St</u>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive Cardiovascular Disease</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>Carcinomatosis, secondary to Ca of breast.</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 yrs.</u> <u>2 yrs.</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>50</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>17DX</u>					
22. I hereby certify that I attended the deceased from <u>August, 1948</u> , to <u>14 July, 1949</u> , that I last saw the deceased alive on <u>13 July 1949</u> , and that death occurred at <u>7:10 P. m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Raymond T. Wentz, M.D.</u>				23b. ADDRESS <u>5203 Chryseum</u>		23c. DATE SIGNED <u>15 July 49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7/18/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Villa St Joseph</u>		24d. LOCATION (City, town, or county) (State) <u>Ferguson Mo</u>			
DATE REC'D BY LOCAL REG. <u>III 17 1949</u>		REGISTRAR'S SIGNATURE <u>J. B. Lasater</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Central Funeral Home 8418</u>					

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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 me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Irving W. Wilkinson

Licensed Embalmer No. 3575

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.