

FILED SEP 24 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32049

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **8035**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirkwood	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Luke's Hospital		d. STREET ADDRESS (If rural, give location) 332 W. Rose Hill Ave.	

3. NAME OF DECEASED (Type or Print) a. (First) AUGUST b. (Middle) O c. (Last) NEUHAUS			4. DATE OF DEATH (Month) (Day) (Year) Sept. 13, 1949		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH Aug. 12, 1880		9. AGE (In years last birthday) 69		10. IF UNDER 1 YEAR: Months 1 Days 1	
11. BIRTHPLACE (State or foreign country) Nashville, Ill.		12. CITIZEN OF WHAT COUNTRY? USA			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Laborer			

13a. FATHER'S NAME Louis Neuhaus		13b. MOTHER'S MAIDEN NAME Louise Seibe		14. NAME OF HUSBAND OR WIFE Minnie Neuhaus (Dec'd)	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 498-18-7761		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Albert Neuhaus Kirkwood, Mo.	
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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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Exaggerated Hemorrhage from Stomach ANTECEDENT CAUSES (b) Carcinoma of Stomach DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 5 days 2+ years	
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19a. DATE OF OPERATION 26 Aug 49		19b. MAJOR FINDINGS OF OPERATION Supp. abli Carcinoma of Stomach - metastases to liver		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) Mo	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR 1.57X	

22. I hereby certify that I attended the deceased from **8/20**, 19 **49**, to **9/13**, 19 **49**, that I last saw the deceased alive on **9/13**, 19 **49**, and that death occurred at **10:00 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Marshall B. Conrad, M.D.		23b. ADDRESS 5535 Delmar St Louis Mo		23c. DATE SIGNED 9/14/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9/17/49		24c. NAME OF CEMETERY OR CREMATORY Park Hill Cemetery	
24d. LOCATION (City, town, or county) (State) Sappington, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Louis H. Bonn, Inc., Kirkwood, Mo.			
DATE REC'D BY LOCAL REG. SEP 17 1949		REGISTRAR'S SIGNATURE J.B. Zasater			

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Felix Almond.....

Licensed Embalmer No. 3034.....

P. O. Address Kirkwood 22 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.