

FILED JUL 18 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25112**
Registrar's No. **5902**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH
a. COUNTY _____
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **Mo.** b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis, Missouri** c. LENGTH OF STAY (in this place) **2 Mos. 25 Days**
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis** **2019**

d. FULL NAME OF HOSPITAL OR INSTITUTION **City Infirmiry Hospital**
A. STREET ADDRESS (If rural, give location) **6731 Vermont**

3. NAME OF DECEASED
a. (First) **Peter** b. (Middle) _____ c. (Last) **Ney**
4. DATE OF DEATH (Month) (Day) (Year) **July 6, 1950**

5. SEX **Male** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married**
8. DATE OF BIRTH **Sept. 22 1872** 9. AGE (In years last birthday) **77** IF UNDER 1 YEAR Months _____ IF UNDER 24 HRS. Days _____ Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Retired Brick Layer** 10b. KIND OF BUSINESS OR INDUSTRY _____
11. BIRTHPLACE (State or foreign country) **Germany** 12. CITIZEN OF WHAT COUNTRY? **4**

13a. FATHER'S NAME **Unknown** 13b. MOTHER'S MAIDEN NAME **Unknown** 14. NAME OF HUSBAND OR WIFE **Stephania**

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 **Mrs. Stephania Ney 6731 Vermont**

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, asthenia, etc. It means the disease, injury, or complication which caused death.
MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Terminal Bronchopneumonia** INTERVAL BETWEEN ONSET AND DEATH **1 week**
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) **Arteriosclerotic Heart Disease** **1 year**
DUE TO (c) **Arteriosclerosis**
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. **Cerebral Arteriosclerosis** **2 years**

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

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) _____

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? **H2O**

22. I hereby certify that I attended the deceased from **April 11, 1950**, to **July 6, 1950**, that I last saw the deceased alive on **July 6, 1950**, and that death occurred at **8:40 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE **Charles L. Krag** (Degree or title) **MD** 23b. ADDRESS **5600 Arsenal, St. Louis** 23c. DATE SIGNED **7 July 1950**

24a. BURIAL, CREMATION REMOVAL (Specify) **Burial** 24b. DATE **7-10-50** 24c. NAME OF CEMETERY OR CREMATORY **SS. Peter & Paul's** 24d. LOCATION (City, town, or county) (State) **Collinsville Ill.**

DATE REC'D BY LOCAL REG. **JUL 8 1950** REGISTRAR'S SIGNATURE **J. B. Sasater** 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Jos. P. FENDLER Jr. 7128 Michigan**

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

2065

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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

Clarence Koshow

Licensed Embalmer No.

3093

P. O. Address

7178 Michigan

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.