

FILED JUL 6 - 1951

## STANDARD CERTIFICATE OF DEATH

21709

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>6076</u>		Registrar's No. <u>2547</u>			
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Missouri</u>				b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Carsonville</u>		c. LENGTH OF STAY (If this place) <u>7</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>17</u> <u>Normandy</u>		<u>4171</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3954 Shirley Drive</u>				d. STREET ADDRESS (If rural, give location) <u>8227 Glen Echo Drive</u>					
3. NAME OF DECEASED a. (First) <u>Emma</u>		b. (Middle) <u>B.</u>		c. (Last) <u>Neal</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 2, 1951</u>			
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>July 23, 1875</u>		9. AGE (In years last birthday) <u>75</u>	10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 10 HRS. Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Pennsylvania</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>William Boner</u>		13b. MOTHER'S MAIDEN NAME <u>Melisa Warren</u>		14. NAME OF HUSBAND OR WIFE <u>Franklin G. Neal</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. A. P. Linders - 8227 Glen Echo</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic Heart Disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cirrhosis of liver</u> 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 <u>2 years</u> <u>3 year -</u>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>581.0</u>		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)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <u>7-1-1951</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>May 10, 1951</u> , to <u>July 1, 1951</u> , that I last saw the deceased alive on <u>7-1-</u> , 1951, and that death occurred at <u>1:10A</u> m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>M. J. Evercoll M.D.</u>				23b. ADDRESS <u>6356 Clayton Road</u>		23c. DATE SIGNED <u>7-2-51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>7/3/51</u>		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) <u>Pittsburgh, Pennsylvania</u>			
DATE REC'D BY LOCAL REG. <u>7-2-51</u>		REGISTRAR'S SIGNATURE <u>Hubert R. Dombke</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Drehmann-Herral - 1905 Union Blvd.</u>					

(Licensed Embalmer's Placement on Reverse Side)

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

Dr. N. J. Sverboll,  
6356 Clayton Rd.

( 1 to 6 )

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed Warren A. Carver

Signed.....  
Student Embalmer

Licensed Embalmer No. 3534

P. O. Address.....

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.