

FILED JUL 26 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25067
Registrar's No. 5643

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 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 WEBSTER GROVES 4587	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST LUKES HOSP.		d. STREET ADDRESS (If rural, give location) 142 SYLVESTER	

3. NAME OF DECEASED (Type or Print) MRS ALICE NEUKUM. a. (First) b. (Middle) c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) JUNE - 21 - 1951		
5. SEX F	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JUNE 19 - 1876	9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) LITTLE ROCK ARK	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME TURNER	13b. MOTHER'S MAIDEN NAME ELIZABETH YORK	14. NAME OF HUSBAND OR WIFE JOHN A NEUKUM
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.
17. INFORMANT'S SIGNATURE OR NAME ADDRESS JOHN A NEUKUM Webster Groves		

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of colon		II. OTHER SIGNIFICANT CONDITIONS Arteriosclerosis		6 mo	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last. DUE TO (c)			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Carcinoma of colon	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) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 153X

22. I hereby certify that I attended the deceased from Dec 27, 1950, to 21 June, 1951, that I last saw the deceased alive on 2 June, 1951, and that death occurred at 7:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE Jesse Kenamore	(Degree or title) 0	23b. ADDRESS 457 N. Kingshighway	23c. DATE SIGNED 22 June 51
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE JUNE 23 - 1951	24c. NAME OF CEMETERY OR CREMATORY OAK HILL CEM	24d. LOCATION (City, town, or county) (State) KIRKWOOD - MO.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE JUN 22 1951	J. B. Laster	25. FUNERAL DIRECTOR'S SIGNATURE Barber - Aldrich Fun Home	ADDRESS Webster Groves MO.

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 *Peter B. Dubrouillet*

Licensed Embalmer No. *3691*

P. O. Address *Richmond Heights 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.