

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43511

State File No.

FILED JAN 5 1952

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3063 Registrar's No. 4155

1. PLACE OF DEATH a. COUNTY St. Louis,		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 Clayton 5.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clayton 5,	
c. LENGTH OF STAY (in this place) years		d. STREET ADDRESS (If rural, give location) #225 N. Maramac Avenue,	
d. FULL NAME OF HOSPITAL OR INSTITUTION Res: 225 N. Maramac Avenue,			

3. NAME OF DECEASED (Type or Print) NATHANIEL		b. (Middle) CARLETON		c. (Last) NEAT		4. DATE OF DEATH (Month) (Day) (Year) 12-31-51		
5. SEX Male.		6. COLOR OR RACE White.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married.		8. DATE OF BIRTH Oct 17, 1870.		
9. AGE (In years last birthday) 81.		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Days		IF UNDER 10 MINS. Hours		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Jeweler..			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) New Albany, Indiana.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Thomas C. Neat.		13b. MOTHER'S MAIDEN NAME Evelyn McDonald.		14. NAME OF HUSBAND OR WIFE Isabelle H. Neat.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no.		16. SOCIAL SECURITY NO. none.		17. INFORMANT'S SIGNATURE (OR NAME) ADDRESS Isabelle H. Neat, 225 N. Maramac Ave.,	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer, abdominal, primary site, undetermined		ANTECEDENT CAUSES				9 months	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b)					
		DUE TO (c)					
2. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION no 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) Clayton 5, (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?			

22. I hereby certify that I attended the deceased from 1948, to Present, 1951, that I last saw the deceased alive on Dec 30, 1951, and that death occurred at 8:30 a m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Robert C. Hingshul D MD		23b. ADDRESS 31 N. Brentwood Blvd. Clayton 5, Mo		23c. DATE SIGNED 12-31-51	
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE JAN. 2, 1952		24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis Co Mo	
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DATE REC'D BY LOCAL REG. 1-2-51		REGISTRAR'S SIGNATURE Robert P. Donker MD		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C.R. Lupton & Sons, 7233 Delmar Blv'd.,			
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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.

Signed Melvin L. Kemper

Signed _____
Student Embalmer

Licensed Embalmer No. 405-2

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.