

FILED MAR 5 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6663

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1369

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY	
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 St. Louis 2069	
c. LENGTH OF STAY (in this place) 1 year		d. STREET ADDRESS (If rural, give location) 3045 Arlington Ave. 6	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3045 Arlington Ave.			

3. NAME OF DECEASED (Type or Print) a. (First) Victor b. (Middle) c. (Last) Neumann		4. DATE OF DEATH (Month) (Day) (Year) Feb. 10, 1952	
5. SEX male 0	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married 1	8. DATE OF BIRTH Dec. 25, 1864
9. AGE (In years last birthday) 87		10. KIND OF BUSINESS OR INDUSTRY Tailor	11. BIRTHPLACE (State or foreign country) Austria 4
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tailor		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Unknown	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Anna Marie Neumann
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. None	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Victor J. Neumann - 3045 Arlington

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Bronchial asthma, chr.</u>		Years	
ANTECEDENT CAUSES		DUE TO (b)			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last:		DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS* (Conditions contributing to the death but not related to the disease or conditions causing death.)		<u>General Semblity</u>		Years	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF 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) (COUNTY) (STATE)
21d. TIME (Month) (Day) (Year) (Hour) (Min) OF INJURY	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 241X

22. I hereby certify that I attended the deceased from Aug. 20, 1951, to Jan. 28, 1952, that I last saw the deceased alive on Jan. 28, 1952, and that death occurred at 9:20 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Bertie Eck</u> (Degree or title)	23b. ADDRESS <u>508 N. Grand</u>	23c. DATE SIGNED <u>Feb 12, 52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>2/13/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u>
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>FEB 13 1952</u> <u>J. Carl Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Drehmann-Harral - 1905 Union Blvd.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. Burkey Eck
508 N. Grand

(9-11:30 AM)

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 Warren A. Carver

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.