

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

20955

State File No. ....

FILED JUN 30 1952 REG. DIST. NO. 162 PRIMARY REG. DIST. NO. 5594 Registrar's No. 54

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 WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD  
 Army Journal # 51-638-621

1. PLACE OF DEATH a. COUNTY <b>JEFFERSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MO</b> b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>NEAR CEDAR HILL</b>		c. LENGTH OF STAY (in this place)			
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St Louis 2009</b>		d. STREET ADDRESS (If rural, give location) <b>Climens Ave 1</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>MERAMEC TWP.</b>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>JAMES</b> b. (Middle) <b>JOSEPH</b> c. (Last) <b>NEU</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>6 9 - 1952</b>			
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>May 27 - 1918</b>		
9. AGE (In years last birthday) <b>34</b>		10. UNDER 1 YEAR Months Days	11. UNDER 1 HR. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life (even if retired) <b>Machine Operator</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Paper Industry</b>			
11. BIRTHPLACE (State or foreign country) <b>St Louis</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>			
13a. FATHER'S NAME <b>George Neu</b>		13b. MOTHER'S MAIDEN NAME <b>Katherine Kessel</b>			
14. NAME OF HUSBAND OR WIFE <b>Hora Neu</b>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>yes W-W-2</b>		16. SOCIAL SECURITY NO. <b>497-01-0996</b>			
17. INFORMANT'S SIGNATURE OR NAME <b>Robert Neu</b>		ADDRESS <b>6403 Berlow Apt 206</b>			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Death was caused by</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Puncture of Windpipe and</b> <b>ES 10 4</b> DUE TO (c) <b>hemorrhage</b> <b>26</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Two cars collided on Highway 30</b>		INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>caused by driver other car, B. Shattman</b>			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accidental</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Highway 30</b>			
21c. (CITY, TOWN, OR TOWNSHIP) <b>Cedar Hill</b> (COUNTY) <b>Jefferson</b> (STATE) <b>Mo.</b>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <b>6 9 52 3:30 A.M.</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>			
21f. HOW DID INJURY OCCUR? <b>Collision on Bridge over road.</b>					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.					
23a. SIGNATURE <b>Earl Long Corwin</b> (Degree or title)		23b. ADDRESS <b>RR. 1 De Soto Mo</b>			
23c. DATE SIGNED <b>6/9-52</b>					
24a. BURIAL, CREMATION REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>6/12-52</b>			
24c. NAME OF CEMETERY OR CREMATORY <b>New Packer</b>		24d. LOCATION (City, town, or county) (State) <b>St Louis Mo</b>			
DATE REC'D BY LOCAL REG. <b>6-14-52</b>		REGISTRAR'S SIGNATURE <b>Ruth Jissa</b> 438			
25. FUNERAL DIRECTOR'S SIGNATURE <b>Schmer Funeral Home</b>		ADDRESS <b>3125 Lafayette St Louis Mo</b>			

DATE RECEIVED JUN 26 1952  
JEFFERSON COUNTY HEALTH DEPT.  
MILLSBORO, MISSOURI

JUN 26 1952

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 \_\_\_\_\_

*Not Embalmed Removal*

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed *J. M. Brimmer*

Licensed Embalmer No. *1470*

P. O. Address *Lane Springs 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.