S. No. 300
v. 10.48

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

FILED AUG 23 1952
XC-4690731
REG. # 103640

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30413

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 200 Registrar's No. 2146

1. PLACE OF DEATH
a. COUNTY: ST. LOUIS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): JEFFERSON BARRACKS, MO.
c. LENGTH OF STAY (In this place): 19 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VETERANS ADMINISTRATION HOSP.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: ST. LOUIS
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. LOUIS 2119
d. STREET ADDRESS (If rural, give location): 3627 COOK AVENUE

3. NAME OF DECEASED (Type or Print)
a. (First): JAMES
b. (Middle): (NMI)
c. (Last): MC NEIL

4. DATE OF DEATH (Month) (Day) (Year): AUGUST 9, 1952

5. SEX: MALE
6. COLOR OR RACE: NEGRO
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: 9-6-10
9. AGE (In years last birthday): 41 YR
If under 1 year: Months ____ Days ____
If under 24 hrs.: Hours ____ Min. ____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): SUPERVISOR CENTRAL CAB COMPANY
10b. KIND OF BUSINESS OR INDUSTRY: UNKNOWN
11. BIRTHPLACE (City and State or Foreign Country): CLARKSDALE, MISSISSIPPI
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: JAMES MC NEIL
13b. MOTHER'S MAIDEN NAME: WILLIE BRUCE
14. NAME OF HUSBAND OR WIFE: ROBERTA MC NEIL

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES
(If yes, give war or dates of service): WWII
16. SOCIAL SECURITY NO.: 493-10-1410
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: VA HOSPITAL RECORDS, JEFF. BRKS, MO.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) HYPERTENSIVE CARDIO VASCULAR DISEASE — INTERVAL BETWEEN ONSET AND DEATH: 2-3 YEARS

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) ARTERIOLAR NEPHROSCLEROSIS 446X
DUE TO (c) - - - -

II. 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: - - - - - -
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): NONE
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 [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?: - - -

22. *I hereby certify that I attended the deceased from* 7-21-, *19*52, *to* 8-9-, *19*52, *and that death occurred at* 1:05A. m., *from the causes and on the date stated above.*

23a. SIGNATURE: Harvey S. Brachman (Degree or title): MD
23b. ADDRESS: VAH, JEFF. BRKS, MO.
23c. DATE SIGNED: 8-9-52

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
24b. DATE: 8-14-52
24c. NAME OF CEMETERY OR CREMATORY: NATIONAL CEMETERY
24d. LOCATION (City, town, or county) (State): JEFFERSON BARK. MO.

DATE REC'D BY LOCAL REG.: 8-13-52
REGISTRAR'S SIGNATURE: Herbert R. Donke M.D.
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: G. WADE GRANDBERRY 420 2 FINNEY

(Licensed Embalmer's Statement on Reverse Side)

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 Melvin E. Gree

Licensed Embalmer No. 4428

P. O. Address St. Louis, M

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.