

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

27320

State File No. _____

MO. 300
10.48

FILED JUL 23 1953

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>500</u>		Registrar's No. <u>1841</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Manchester</u>		c. LENGTH OF STAY (In this place) <u>5mo 28 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Robertson, Mo. R. R. 1 Box 305</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Pine Crest Home</u>				d. STREET ADDRESS (If rural, give location) <u>CARLSON & LAWS INC. care</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Joseph</u>		b. (Middle) <u>A</u>		c. (Last) <u>Neuerburg</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>6 30 53</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>		8. DATE OF BIRTH <u>Oct. 13, 1872</u>		9. AGE (In years last birthday) <u>80</u> IF UNDER 1 YEAR Months Days <u>8</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Unknown</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>unknown</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Belleville, Ill.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>unknown</u>		13b. MOTHER'S MAIDEN NAME <u>unknown ANNA CASTEN</u>		14. NAME OF HUSBAND OR WIFE <u>none JULIA NEURBURG (DIED)</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>199-01-2961</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Pine Crest Homes, Ballwin, Mo.</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute cardiac dilatation</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Ch. myocarditis</u> DUE TO (c) <u>Arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u> <u>1 yr</u> <u>2 yr</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4221</u>				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)		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 <u>7/5</u> , 19 <u>53</u> , to <u>6/30</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>6/25</u> , 19 <u>53</u> , and that death occurred at <u>5:10 P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>W. H. Shiel, M.D.</u>				23b. ADDRESS <u>Larkwood, St. Mo</u>		23c. DATE SIGNED <u>7/2/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 3 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Free Free Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Patterson, Mo</u>	
DATE REC'D BY LOCAL REG. <u>7-2-53</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Dombke, M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Baumann Bros Inc 2504 Woodson Rd Oakland Mo</u>			

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

Oscar F. Mueller

Licensed Embalmer No. 3039

P. O. Address Overland Park, 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.