

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6383

State File No.

FILED FEB 21 1955

318

REG. DIST. NO. PRIMARY REG. DIST. NO. 1003

Registrar's No. 1193

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 1193			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) _____		c. CITY OR TOWN St. Louis		d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION 4338 Arco Ave.				e. STREET ADDRESS (If rural, give location) 18 4338 Arco Ave.					
3. NAME OF DECEASED (Type or Print) CHARLES R. NEELY			a. (First) b. (Middle) c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) Feb. 6 1955			
5. SEX Male δ		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Nov. 25, 1892			
9. AGE (In years last birthday) 62		10. UNDER 1 YEAR Months _____		11. UNDER 24 HRS. Hours _____		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maintenance Man-Waldheim Realty Co.				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo. δ			
13a. FATHER'S NAME Charles Neely			13b. MOTHER'S MAIDEN NAME Rose Lambert			14. NAME OF HUSBAND OR WIFE Lucille Neely			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes World War 1		16. SOCIAL SECURITY NO. 494-09-4082		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lucille Neely 4338 Arco Ave.					
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Broncho Pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized Carcinomatosis</u> DUE TO (c) <u>Carcinoma of Stomach.</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 _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>Inoperable Ca of Stomach at Cochrane Hosp.</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) (Minute) _____			
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>151x</u>							
22. I hereby certify that I attended the deceased from <u>OCT. 20, 1954</u> , to <u>Feb 6, 1955</u> , that I last saw the deceased alive on <u>Feb 6, 1955</u> , and that death occurred at <u>7:45P</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <u>J. M. Webb</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>4501st Manhattan</u>		23c. DATE SIGNED <u>Feb 8-55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Feb. 10, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>National Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Jefferson Barracks, Mo.</u>			
DATE REC'D BY LOCAL REG. FEB 8 1955		REGISTRAR'S SIGNATURE <u>J. Carl Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Kriegshauser 4228 S. Kingshighway Bl.</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.....
Signature of Student Embalmer

Signed *William B White*.....

Licensed Embalmer No. *4281*

P. O. Address *4228 1/2 Ave*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.