

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20275

State File No.

5061

BIRTH NO. REG. DIST. NO. 218 PRIMARY REG. DIST. NO. 1003 Registrar's No.

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| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Mo</u> | | c. CITY OR TOWN <u>St. Louis</u> | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Peoples Hospital</u> | | e. STREET ADDRESS (If rural, give location) <u>121 4575 Enright Ave</u> | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Mitchell</u> | b. (Middle) | c. (Last) <u>Neal</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>6 9 1955</u> |
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| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>Negro</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>May 14, 1910</u> | 9. AGE (In years last birthday) <u>45</u> | IF UNDER 1 YEAR Months | IF UNDER 1 YEAR Days | IF UNDER 1 HR. Hours | IF UNDER 1 HR. Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Service Station Helper</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Toms Pontiac Co</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Hermitage, Arkansas</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | |

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| 13a. FATHER'S NAME <u>Mal Neal</u> | 13b. MOTHER'S MAIDEN NAME <u>Unknown</u> | 14. NAME OF HUSBAND OR WIFE <u>Maggie Neal</u> |
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| 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>429-16-2553</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Maggie Neal</u> | ADDRESS <u>4575 Enright Ave</u> |
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| 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. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Embolism</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>6-9-55</u> |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Bacterial Endocarditis</u> | | <u>6-4-55</u> |
| | DUE TO (c) <u>Atypical PNEUMONIA</u> | | <u>5-28-55</u> |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> |
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| 21a. ACCIDENT (Specify) SUICIDE HOMICIDE | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) |
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| 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? <u>492X</u> |
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22. I hereby certify that I attended the deceased from 6-6, 1955, to 6-9, 1955, that I last saw the deceased alive on 6-9, 1955, and that death occurred at 12:30 P.M., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <u>J.C. Sherard, M.D.</u> | 23b. ADDRESS <u>2702a Franklin</u> | 23c. DATE SIGNED <u>6-9-55</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (R.R.) <u>Removal (R.R.)</u> | 24b. DATE <u>6/10/55</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Fordyce, Arkansas</u> | 24d. LOCATION (City, town, or county) (State) <u>Fordyce, Arkansas</u> |
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| DATE REC'D BY LOCAL REG. <u>JUN 10 1955</u> | REGISTRAR'S SIGNATURE <u>J. Earl Smith M.D.</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>C.W. Roberts</u> | ADDRESS <u>1416 N. Taylor Ave.</u> |
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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.....
James Carter

Licensed Embalmer No.....
46

P. O. Address.....
St. Louis

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.