

FILED FEB 17 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **6989**
Registrar's No. **1369**

REG. DIST. NO. **318**

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

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 1369	
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) 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 type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Little Flower Convalescent Home				e. STREET ADDRESS (If rural, give location) 5318 Pernod Ave.			
3. NAME OF DECEASED (Type or Print) a. (First) ANNA		b. (Middle) L.		c. (Last) NEARY		4. DATE OF DEATH (Month) (Day) (Year) Feb. 8 1956	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow		8. DATE OF BIRTH July 2, 1875		9. AGE (In years last birthday) 80 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) Housework		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Atlantic, Iowa		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Daniel McMenamin		13b. MOTHER'S MAIDEN NAME Mary Glynn		14. NAME OF HUSBAND/OR WIFE Late Emmert Neary			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Leo V. Neary 5318 Pernod Ave.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION cerebral hemorrhage				INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage					
		ANTECEDENT CAUSES Arteriosclerosis (cerebral)					
		*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis cerebral					
		DUE TO (c) Diabetes mellitus					
		DUE TO (c) Diabetes mellitus					
		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 260X				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.)		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 May 1950 , to Feb 8, 1956 , that I last saw the deceased alive on Feb 7, 1956 , and that death occurred at 8:25A m., from the causes and on the date stated above.							
23a. SIGNATURE (Name or title) W.H. Olmsted		23b. ADDRESS 3720 Washington		23c. DATE SIGNED 2/8/56			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal (Rail)		24b. DATE 2-8-1956		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) Cumberland, Iowa	
DATE REC'D BY LOCAL REG. FEB 8 1956		REGISTRAR'S SIGNATURE Carl Smith Mo		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Kriegshauser 4228 S.Kingshighway Bl.			

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. 514 working under my personal supervision..

Student, George W. Kneppel, Jr.
Signature of Student Embalmer

Signed, William R. White

Licensed Embalmer No. 512

P. O. Address

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.