

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **21619**BIRTH NO. **40562-56** REG. DIST. NO. **310** PRIMARY REG. DIST. NO. **3058** Registrar's No. **176**

1. PLACE OF DEATH a. COUNTY St. Charles			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Charles		c. LENGTH OF STAY (in this place) 14 days	c. CITY OR TOWN St. John		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital			e. STREET ADDRESS (If rural, give location) 3016 Kincaid		
3. NAME OF DECEASED (Type or Print) a. (First) Raymond		b. (Middle) A.	c. (Last) Neal	4. DATE OF DEATH (Month) (Day) (Year) 7-2-56	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH 7/2/1956	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months Days - - 14
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and State or Foreign Country) St. Charles, Missouri		12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME John Neal		13b. MOTHER'S MAIDEN NAME Joann Lynch		14. NAME OF HUSBAND OR WIFE Single	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No	16. SOCIAL SECURITY NO. (If yes, give exact date of service) No	17. INFORMANT'S SIGNATURE OR NAME ADDRESS John Neal, 3016 Kincaid St. John 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, asphyxia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Prematurity (5 1/2 mo gestation) DUE TO (c) Baby lived 12 minutes from birth II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 2 minutes
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 776X		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) (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 July 2, 1956 , to July 2, 1956 , that I last saw the deceased alive on July 2, 1956 , and that death occurred at 1:29a m. , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Paul B. Vatterott M.D.			23b. ADDRESS St. Louis Mo 10300 St. Charles Rd		23c. DATE SIGNED July 2 1956
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 7/3/56	24c. NAME OF CEMETERY OR CREMATORY Vallhalla Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Missouri	
DATE REC'D BY LOCAL REG. July 2 1956		REGISTRAR'S SIGNATURE For Annie H. H. H. H.		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS JOS. W. Clark, Inc. 1125 Hodiamont, St. Louis, Mo.	

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

Not Embalmed

Signed.....

Alfred J. Bredelsen

Licensed Embalmer No. *266*

P. O. Address... *11257 Heden*

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.