

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32660

State File No. _____

FILED OCT 10 1956
BIRTH NO. 67032-56 REG. DIST. NO. 312 PRIMARY REG. DIST. NO. 547 Registrar's No. 2212

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) OR TOWN <u>Richmond Heights</u>		c. CITY OR TOWN <u>Clayton 4462</u>	
c. LENGTH OF STAY (In this place) <u>2 hrs</u>		d. 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 <u>St. Mary's Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>6515 San Bonita Ave.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Girard</u> b. (Middle) <u>Joseph</u> c. (Last) <u>NEALON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>9</u> <u>18</u> <u>56</u>	
5. SEX <u>MALE</u> 6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	
8. DATE OF BIRTH <u>9-18-56</u>		9. AGE (In years last birthday) <u>9</u> IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> IF UNDER 2 WEEKS Hours <u>0</u> Mins. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Child</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Richmond Heights, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Stephen Nealon</u>		13b. MOTHER'S MAIDEN NAME <u>Rose Marie Boland</u>	
14. NAME OF HUSBAND OR WIFE <u>None</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>none</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Stephen Nealon</u>		ADDRESS <u>6515 San Bonita Ave.</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, assthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congenital diaphragmatic hernia</u> ANTECEDENT CAUSES <u>and atelectasis</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>5604</u> Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" 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 birth <u>9-18, 1956</u> to <u>9-18, 1956</u> , that I last saw the deceased alive on <u>9-18, 1956</u> , and that death occurred at <u>11:35 A. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Erwin T. Huber, MD</u> (Degree or title)		23b. ADDRESS <u>1402 S. State Bldg</u>	
23c. DATE SIGNED <u>9-18-56</u>			
24a. BURIAL CREMATION <u>buried</u>		24b. DATE <u>Sept. 19 1956</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>9-19-56</u>		REGISTRAR'S SIGNATURE <u>Herbert B. Donahue</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Da. H. Boeklage</u>		ADDRESS <u>6536 Clayton Rd.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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..... *not Embalmed*
A. H. Bourke
Licensed Embalmer No.....

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.