

FILED MAR 29 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11546

| | | | | | | | | | |
|---|---------------------------|--|--|---|--|---|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>317</u> | | PRIMARY REG. DIST. NO. <u>547</u> | | Registrar's No. <u>730</u> | | | |
| 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) <u>Rich Hts Mo</u> | | c. LENGTH OF STAY (in this place) <u>4 days</u> | | c. CITY OR TOWN <u>Clayton Mo</u> | | 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 <u>St Marys Hosp</u> | | | | e. STREET ADDRESS (If rural, give location) <u>6515 San Bonita Ave</u> | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>STEPHAN</u> | | | b. (Middle) <u>MICHAEL</u> | | c. (Last) <u>NEALON</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Mar 17 1957</u> | | |
| 5. SEX <u>M</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>Dec 8 - 1878</u> | | 9. AGE (In years last birthday) <u>78</u> | if UNDER 1 YEAR Months <u>3</u> Days <u>9</u> | if UNDER 4 WRS. Hours _____ Min. _____ | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Vin & Cigar Kennel & Cakes</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>St Louis Mo</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | | |
| 13a. FATHER'S NAME <u>Thomas C Nealon</u> | | 13b. MOTHER'S MAIDEN NAME <u>Catherine Russell</u> | | 14. NAME OF HUSBAND OR WIFE <u>Mabel Nealon</u> | | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>492-05-0248</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Stephen H Nealon</u> ADDRESS <u>6515 San Bonita</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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Occlusion of Coronary artery</u> ANTECEDENT CAUSES DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Nephrosclerosis</u> Conditions contributing to the death but not related to the disease or condition causing death: <u>Bony Prostate Hypertrophy</u> | | | | INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u> <u>Uncertain</u> <u>uncertain</u> <u>uncertain</u> | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION _____ | | | | 20. AUTOPSY? <input type="checkbox"/> 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) _____ | | 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 <u>March 13, 1957</u> , to <u>March 17, 1957</u> , that I last saw the deceased alive on <u>March 17, 1957</u> , and that death occurred at <u>6:43 A.M.</u> , from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE <u>G O Brown</u> (Degree or title) <u>M.D.</u> | | | | 23b. ADDRESS <u>1325 S. Grand Blvd St Louis 4, Mo</u> | | 23c. DATE SIGNED <u>3/18/57</u> | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>Mar 19 - 1957</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Colony Cem</u> | | 24d. LOCATION (City, town, or county) (State) <u>St Louis Mo</u> | | | | |
| DATE REC'D BY LOCAL REG. <u>3/18/57</u> | | REGISTRAR'S SIGNATURE <u>Herbert R. Donahue</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>H. Brockway</u> ADDRESS <u>6536 Clayton Rd</u> | | | | | |

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

888-20487

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..... J Wm Binkley
Licensed Embalmer No. 365
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.