

FILED NOV 15 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37922**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **10610**

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. CITY OR TOWN St. Louis,	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Jewish Hospital		e. STREET ADDRESS (If rural, give location) 2277 2201 Delmar St.	
3. NAME OF DECEASED (Type or Print) a. (First) PRESS b. (Middle) c. (Last) NEAL		4. DATE OF DEATH (Month) (Day) (Year) 11 5 57	
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 2-22-1901
9. AGE (In years last birthday) 56		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Porter	11. BIRTHPLACE (City and State or Foreign Country) Brownsville Tenn.
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY Forbe Coffee Co.	12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME Albert Neal		13b. MOTHER'S MAIDEN NAME Rebeca Guy	14. NAME OF HUSBAND OR WIFE Fannie Neal
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. 489-166429	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Fannie Neal 2201a Delmar St.
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ACUTE PULMONARY EDEMA INTERVAL BETWEEN ONSET AND DEATH HOURS ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) COR PULMONALE DUE TO (c) PULMONARY TUBERCULOSIS II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 002x	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? 2 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 10-2-57 , 19 57 , to NOV 5 , 19 57 , that I last saw the deceased alive on NOV 5 , 19 57 , and that death occurred at 10:30 P.M. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Frank Cohen M.D.		23b. ADDRESS 1127 Pine St. St. Louis Mo	23c. DATE SIGNED NOV 7/57
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11-8-57	24c. NAME OF CEMETERY OR CREMATORY Rawls Cemetery	24d. LOCATION (City, town, or county) (State) Brownville Tenn.
DATE REC'D BY LOCAL REG. NOV 7: 57		REGISTRAR'S SIGNATURE Carl Smith MD	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J. McClendon 4535 Washington Blvd.

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

MRS

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 *John K Cunningham*

Licensed Embalmer No. *441*

P. O. Address *9405 Mar...*

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.