

FILED OCT 21 1957

STANDARD CERTIFICATE OF DEATH

1003

STATE FILE NUMBER 37925  
9580

Registration District No. 318 Primary Registration District No.

Registrar's No.

S. 300  
1-57

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) TOWN ST. LOUIS, MO.		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSP #1		d. STREET ADDRESS (If outside, give location) 5046 Delmar Blvd.,	
3. NAME OF DECEASED (Type or print) First JOHN Middle M. Last NEUBERG		4. DATE OF DEATH Month OCT. II, 1957. Day Year	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH July 12, 1883
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Piano Tuner		10b. KIND OF BUSINESS OR INDUSTRY Piano	11. BIRTHPLACE (City and state or country) Chicago, Illinois.
13a. FATHER'S NAME Gustave Neuberg		13b. MOTHER'S MAIDEN NAME Ida Sandstrom	14. NAME OF HUSBAND OR WIFE Lillian ?
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No Nil		16. SOCIAL SECURITY NO.	17. INFORMANT Address Dorothy N. Petty, 2612 Argyle, Chicago, Ill.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Vascular Accident Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cardiac Incompetence DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 331x			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from 9/23/57 to 10/11/57 and last saw him alive on 10/11/57 Death occurred at 6:45PM on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Joseph Drew Callahan M.D.		22b. ADDRESS 1515 LAFAYETTE AVE	22c. DATE SIGNED 10/12/57
23a. BURIAL, CREATION, REMOVAL (Specify) Removal	23b. DATE 10-13-57	23c. NAME OF CEMETERY OR CREMATORY Mt. Emblem Cemetery	23d. LOCATION (City, town, or county) (State) Elmhurst, Illinois.
24. FUNERAL DIRECTOR ADDRESS Albert H. Hoppe, 4700 Washington Blvd.,		25. DATE RECD. BY LOCAL REG. OCT 14 57	26. REGISTRAR'S SIGNATURE [Signature]

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

STATE OF MISSOURI  
DEPARTMENT OF HEALTH

NOV 11 1954

MISSOURI

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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

*Melvin L. Kempa*

Licensed Embalmer No. 4052

P. O. Address 4211 Washburn

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.