

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42885

State File No.

FILED DEC 9 - 1957

BIRTH NO. _____ REG. DIST. NO. 319 PRIMARY REG. DIST. NO. 541 Registrar's No. 2913

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Illinois</u> b. COUNTY <u>Macoupin</u>	
b. CITY OR TOWN <u>Clayton</u>		c. CITY OR TOWN <u>Mt. Olive</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>1 hour</u>		e. STREET ADDRESS (If rural, give location) <u>102 South 4th. Street West</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>OSCAR</u>	b. (Middle) <u>ARNOLD</u>	c. (Last) <u>NEAL</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 21, 1957</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, ³ WIDOWED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>April 8, 1888</u>	9. AGE (In years) (Last birthday) <u>69</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>13</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret. Plant Worker</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Glidden Paint Co.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Birmingham, Alabama</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
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13a. FATHER'S NAME <u>Thomas Neal</u>	13b. MOTHER'S MAIDEN NAME <u>(Unk.) Keckelhofer</u>	14. NAME OF HUSBAND OR WIFE <u>Fern Neal - - -</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>94-10-7092</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Ruth Horrigan - E. St. Louis,</u>	ADDRESS <u>Illinois</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2-3 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Duodenal Ulcer</u>		years <u>years</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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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)
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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?
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22. I hereby certify that I attended the deceased from 11/21, 1957, to same, 1957, that I last saw the deceased alive on never, 1957, and that death occurred at 5:00 pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Edward Penella</u>	23b. ADDRESS <u>3720 Washington</u>	23c. DATE SIGNED <u>11-21-57</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>11/21/57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>LOCAL</u>	24d. LOCATION (City, town, or county) (State) <u>East St. Louis, Illinois</u>
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DATE REC'D BY LOCAL REG. <u>11-21-57</u>	REGISTRAR'S SIGNATURE <u>Nubert B. Dambert</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>John J. ...</u>	ADDRESS <u>E. St. Louis, Ill.</u>
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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 Not Embalmed, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed John Hassely.....

Licensed Embalmer No. 6855 ✓

P. O. Address East 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.