

Health,
Welfare
Public
Service

FILED MAR 18 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-012573
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 697

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-57

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| 1. PLACE OF DEATH a. COUNTY St. Louis | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jefferson | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CLAYTON | | c. CITY OR TOWN High Ridge 0500 | |
| Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis Co. Hosp O.O.A | | d. STREET ADDRESS (If outside, give location) Antire Road | |
| Length of stay in lb | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |

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| 3. NAME OF DECEASED (Type or print) First Middle Last Howard Lewis Neal | | | 4. DATE OF DEATH Month Day Year March 7 1958 | | | |
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| 5. SEX 0 Male | 6. COLOR OR RACE White | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Aug 31, 1922 | 9. AGE (In years last birthday) 35 | IF UNDER 1 YEAR Months 4 Days 7 | IF UNDER 24 HRS. Hours Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lithographer | 10b. KIND OF BUSINESS OR INDUSTRY Printing | 11. BIRTHPLACE (City and state or country) Martin City, Mo. | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
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| 13a. FATHER'S NAME Campbell Neal | 13b. MOTHER'S MAIDEN NAME Ira Snider | 14. NAME OF HUSBAND OR WIFE Mary Evelyn Neal |
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| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes 9/41 to 12/45 | 16. SOCIAL SECURITY NO. 497-18-3914 | 17. INFORMANT Mary Evelyn Neal |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Internal Injury as a direct result of auto accident trauma. | | INTERVAL BETWEEN ONSET AND DEATH |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | |

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| 20a. ACCIDENT <input checked="" 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.) The driver lost control of a car in which deceased |
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| 20c. TIME OF INJURY 10:00 p.m. | Hour Month, Day, Year 3/9/58 | was a passenger; the car overturned and went into a ditch |
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| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) public road | 20f. CITY, TOWN, OR LOCATION Rural | COUNTY St. Louis | STATE 400 Mo. |
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21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE <i>Raymond M. Harris</i> (Degree or title) 3 Coroner | 22b. ADDRESS Clayton, Mo. | 22c. DATE SIGNED 3/11/58 |
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| 23a. BURIAL, CREMATION, or other disposition (Specify) BURIAL | 23b. DATE 3/11/58 | 23c. NAME OF CEMETERY OR CREMATORY ST MARTIN'S | 23d. LOCATION (City, town, or county) (State) HIGH RIDGE MISSOURI |
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| 24. FUNERAL DIRECTOR FROHWITTER-MILLER | ADDRESS HIGH RIDGE MO. | 25. DATE RECD. BY LOCAL REG. 3-10-58 | 26. REGISTRAR'S SIGNATURE Herbert P. Donke M.D. |
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

Medical Certification

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 *Neville B. Frohwitter*

Licensed Embalmer No. *3696*

P. O. Address *High Ridge, Md.*

-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.