

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-027284
STATE FILE NUMBER

FILED AUG 11 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

7406

300
1-57

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

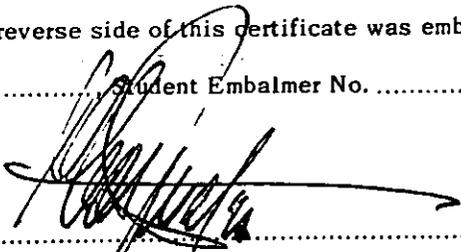
1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Homer G. Phillips		Length of stay in lb 20 yrs.	d. STREET ADDRESS (If outside, give location) 1712a Belleglade
3. NAME OF DECEASED (Type or print) Monroe		First Middle Last Neals	4. DATE OF DEATH Month Day Year 7 26 58
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 25, 1903
9. AGE (In years less birthday) 55		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Porter	11. BIRTHPLACE (City and state or country) Texarkana, Texas
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME Manuel Neals	13b. MOTHER'S MAIDEN NAME Rosie Alexander
14. NAME OF HUSBAND OR WIFE Ollie Neals		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. 498-01-2109
17. INFORMANT Ollie Neals		Address 1712a Belleglade Ave.	
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 Thrombosis Conditions, if any, which gave rise to, above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) 332X PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Diabetes Mellitus			INTERVAL BETWEEN ONSET AND DEATH undet.
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 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 7-24-58 to 7-26-58 and last saw him alive on 7-26-58 Death occurred at 4:30 P m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE D. A. Mann, M.D.	
22b. ADDRESS 2601 Whittier Street		22c. DATE SIGNED 7-28-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 7/31/58	23c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery	23d. LOCATION (City, town, or county) (State) St. Louis County, Mo.
24. FUNERAL DIRECTOR Charles J. Gates 4107 Finney		25. DATE RECD. BY LOCAL REG. JUL 29 58	26. REGISTRAR'S SIGNATURE Carl Smith MO Sp.

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 

Licensed Embalmer No. 1825

P. O. Address 4107 Finney Ave

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.