

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-046107

STATE FILE NUMBER

318

Primary Registration District No. 1003

11890

FILED JAN 12 1958

Registration District No. 318 Primary Registration District No. 1003

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, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input 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 City Hosp.		Length of stay in lb	d. STREET ADDRESS (If outside, give location) 2241 2818 ⁹ S. Jefferson
3. NAME OF DECEASED (Type or print) First Middle Last Wilhelm W. Neun			4. DATE OF DEATH Month Day Year Dec 8 1958
5. SEX Male	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb. 20 1876
9. AGE (In years last birthday) 82		10. KIND OF BUSINESS OR INDUSTRY Ret. Upholsterer	11. BIRTHPLACE (City and state or country) St. Louis Mo.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Upholsterer		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13. FATHER'S NAME Charles Neun		14. MOTHER'S MAIDEN NAME Elizabeth Kaufman	
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. no.	17. INFORMANT Henry L. Neun 2818 ⁹ S. Jefferson
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arterio Sclerosis Fracture of Left Hip; Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18) E904.0 21 slipped and fell in home and September 19, 1958.		
20c. TIME OF INJURY Hour a. m. p. m. 9 19 58	20d. PLACE OF INJURY (i. e., in or about home, farm, factory, etc., office bldg., etc.) 24 Home		
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20f. CITY, TOWN, OR LOCATION St. Louis Mo		
21. Attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at 10:15 P. M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE J. Carl Smith M.D.		22b. ADDRESS 1300 Clark	22c. DATE SIGNED 12/10/58
23a. BURIAL, CREMATION, REMOVAL (Specify) Remove.	23b. DATE 12-11-58	23c. NAME OF CEMETERY OR CREMATORY New St. Marcus	23d. LOCATION (City, town, or county) (State) St. Louis Co., Mo
24. FUNERAL DIRECTOR Witt Ben Schib 2929 S. Jefferson		25. DATE RECD. BY LOCAL REG. DEC 10 58	26. REGISTRAR'S SIGNATURE J. Carl Smith M.D. S.P.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Health, Welfare Public Service
300 1-56
All symptoms will be listed. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.
Coroner, physician, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

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 *Herbert J. Gan Jr.*.....

Licensed Embalmer No. *489*

P. O. Address *Kirkwood, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.