

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN East St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) St. Louis, Little Rock Hospital, Inc.		d. STREET ADDRESS 2924 Market Street	

3. NAME OF DECEASED (Type or print) First Middle Last Dennis Franklin Neely			4. DATE OF DEATH Month Day Year October 21, 1960		
5. SEX 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 3/25/1880	9. AGE (last birthday) 80	IF UNDER 1 YEAR Months Days Hours Min. 6 26
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pens- Switchman		10b. KIND OF BUSINESS OR INDUSTRY Railroad		11. BIRTHPLACE (City and state or country) Altamont, Illinois	
13a. FATHER'S NAME William Neely		13b. MOTHER'S MAIDEN NAME Harriet McCasland		14. NAME OF HUSBAND OR WIFE Mrs. Selma Neely (Stullken)	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None	16. SOCIAL SECURITY NO. None	17. INFORMANT Mrs. Selma Neely, 2294 Market, E. St. Louis Ill.
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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:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Heart Failure		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Arteriosclerotic Heart Disease	
DUE TO (c) 420.0		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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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.)
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20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <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
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21. I attended the deceased from 10/6/60 to 10/21/60 and last saw ^{her} him alive on 10-20-60 Death occurred at 4:50 AM on the date stated above, and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE <i>[Signature]</i>	(Degree or Title)	22b. ADDRESS 1755 South Grand Ave.	22c. DATE SIGNED 10-21-60
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 10-23-1960	23c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery	23d. LOCATION (City, town, or county) (State) Belleville, Illinois
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24. FUNERAL DIRECTOR Kurrus Funeral Home, E. St. Louis, Ill.	25. DATE RECD. BY LOCAL REG. OCT 21 1960	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *Not embalmed*
Edt Kerrus Jr

Licensed Embalmer No. 3162
P. O. Address Edt 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.