

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-021450

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 531 Registrar's No. 1570

DO NOT WRITE ON THIS STUB

AMENDED

FILED JUN 11 1962

VS 300  
Rev. 4/59

14006  
24006

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4 0  
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE-BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>University City</b>		c. CITY OR TOWN <b>University City</b>	
Length of stay in 1b <b>YEARS</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>6932 Pershing</b>		d. STREET ADDRESS (If outside, give location) <b>6932 Pershing</b>	
3. NAME OF DECEASED (Type or print) First <b>Robert</b> Middle <b>Louis</b> Last <b>Neuhoff</b>		4. DATE OF DEATH Month <b>May</b> Day <b>24</b> Year <b>1962</b>	
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>12-30-1921</b>
9. AGE (last birthday) <b>40</b>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Salesman</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>INVESTMENT</b>	11. BIRTHPLACE (City and state or country) <b>St. Louis, Mo.</b>
12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		13a. FATHER'S NAME <b>George L. Neuhoff</b>	
13b. MOTHER'S MAIDEN NAME <b>Myrtle Neuhoff ALDERMAN</b>		14. NAME OF HUSBAND OR WIFE <b>Eugenia Bryan Neuhoff</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>yes W.W. 2</b>		16. SOCIAL SECURITY NO. <b>yes</b>	
17. INFORMANT <b>Mrs. Eugenia B. Neuhoff</b>		Address <b>6932 Pershing</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Head injury</b>			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)			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
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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.) <b>Fell down stairway</b>	
20c. TIME OF INJURY Hour <b>8:40</b> a.m. <b>5/24/62</b>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>home</b>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20f. CITY, TOWN, OR LOCATION <b>University City St. Louis Missouri</b>	
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.			
22a. SIGNATURE <i>Raymond K. ...</i>		22b. ADDRESS <b>Coroner Clayton, Missouri</b>	
22c. DATE SIGNED <b>5/29/62</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b>		23b. DATE <b>5-26-62</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Bellefontaine Cemetery</b>		23d. LOCATION (City, town, or county) <b>St. Louis Missouri</b>	
24. FUNERAL DIRECTOR <b>C.R. Lupton and sons 7233 Delmar Blvd</b>		25. DATE RECD. BY LOCAL REG. <b>5-24-62</b>	
		26. REGISTRAR'S SIGNATURE <i>John B. ...</i>	

Head injury  
**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 \_\_\_\_\_  
X

8:40 xx 2/24/05  
Licensed Embalmer No. \_\_\_\_\_

home  
P. O. Address \_\_\_\_\_  
X

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 \_\_\_\_\_ a \_\_\_\_\_ also sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.

University City, St. Louis, Missouri

2/25/05