

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

39596

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1003
City St. Louis (No. St. Louis West) St. Ward)

File No.
Registered No. 11914

2. FULL NAME

Neil Deering
(a) Residence, No. Cornado Hotel Ward. 12
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Bonnie Lee Deering

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 23 - 1887

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>48</u>	<u>11</u>	<u>17</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Manager
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Metropolitan Life Ins Co.
10. Date deceased last worked at this occupation (month and year) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Sterling Ky

13. NAME John R. Deering

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lexington Ky

15. MAIDEN NAME Fannie Lovin

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Georgia

17. INFORMANT (ADDRESS) John R. Deering
11449 Olive St

18. BURIAL, CREMATION, OR REMOVAL PLACE Lexington Ky DATE 11-29-1931

19. UNDERTAKER (ADDRESS) W. R. Lupton & Sons
#4449 Olive St

20. FILED NOV 28 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 10 - 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov 9 - 1931, to Nov 10 - 1931
I last saw him alive on Nov 10 - 1931. Death is said to have occurred on the date stated above, at 12 M.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis
2 days
Other contributory causes of importance: Atherosclerosis

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....
Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) W. Carl Detrich M. D.
(Address) Columbia Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

