

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

Do not use this space.

14674

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
Township..... Primary Registration District No. **1003**  
City **St. Louis** (No. **4411** **Alaska Ave.**)  
St. .... Ward)

File No. ....  
Registered No. **3173**  
St. .... Ward)

**2. FULL NAME**

(a) Residence, No. **4411 Alaska Ave.** St. **15** Ward.

(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 **Kate Neu**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Jan. 16th. 1879**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<b>54</b>	<b>2</b>	<b>16</b>	

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Carpenter**

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis Mo.**

FATHER 13. NAME **Phillip Neu**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

MOTHER 15. MAIDEN NAME **Gertrude Brown**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Rochester N.Y.**

17. INFORMANT (ADDRESS) **Kate Neu 4411 Alaska Ave.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Mo. Crematory** DATE **April 5th. 1933**

19. UNDERTAKER (ADDRESS) **Dr. Schumacher 3013 Meramec St.**

20. FILED **APR - 5 1933** Registrar. **W. C. Standen**

**MEDICAL CERTIFICATE OF DEATH**

*No physician in attendance*  
21. DATE OF DEATH (MONTH, DAY, AND YEAR) **April 1st. 1933**

22. I HEREBY CERTIFY, That I attended deceased from **11** 19**33**, to **11** 19**33**.  
I last saw h. .... alive on **11/9** 19**33** Death is said to have occurred on the date stated above, at **11/9** m.

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

*Mr. Myocarditis 93C*  
*Arterio-sclerosis 93B*  
*Coronary atherosclerosis with thrombosis in left artery 93A*

Other contributory causes of importance:

**93C**

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? **yes**

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide?  Date of injury ....., 19**33**

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 **Myocarditis** (Signed) **W. C. Standen** M. D.  
(Address) **Deputy Registrar**

**4/3/33**

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