

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

774  
Do not use this space.

**FEB 12 1938**

**1. PLACE OF DEATH**

(a) County..... Registration District No. **791**  
 (b) Township..... Primary Registration District No. **1008**  
 (c) City **St. Louis** (d) Street No. **Deaconess Hospital** St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME**

**Rev. Walter Ernst Neumeister**  
 (a) Residence, No. **827 N. 75th St.,** St. **EA** **East St. Louis, Ill.**  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widowed**  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Elsie**  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Apr. 4, 1869**  
 7. AGE YEARS **68** MONTHS **9** DAYS **14** If LESS than 1 day, .....hrs. or .....min.  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Minister**  
 9. Industry or business in which work was done, as saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation. **46**

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Jan. 18,** 19 **38**  
 22. I HEREBY CERTIFY, That I attended deceased from **Jan 17**, 19**38** to **Jan 18**, 19**38**  
 I last saw him/her alive on **Jan 17**, 19**38**. Death is said to have occurred on the date stated above, at **5:48 a**.m.  
 The principal cause of death and related causes of importance were as follows:

**Intestinal Obstruction**  
**from Volvulus of 2 feet**  
**of terminal ileum**  
 Date of onset **Jan 15/38**  
 Other contributory causes of importance: **adhesions from left inguinal hernia**

Name of operation **Exsplanation with correction of Volvulus** Date of **1-17-38**  
 What test confirmed diagnosis? **operation** Was there an autopsy? **no**

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? **no** Date of injury....., 19.....  
 Where did injury occur? **no** (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. **no**  
 Manner of injury..... **no**  
 Nature of injury..... **no**

24. Was disease or injury in any way related to occupation of deceased?  
 If so, specify.....  
 (Signed) **Henry P. Thyme** M. D.  
 (Address) **508 N. Grand Blvd.**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Stolpe, Germany**  
 FATHER 13. NAME **Edw. Neumeister**  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**  
 MOTHER 15. MAIDEN NAME **Bertha Pamm**  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**  
 17. INFORMANT (ADDRESS) **Granny Neumeister East St. Louis, Ill.**  
 18. BURIAL, CREMATION, OR REMOVAL PLACE **E. St. Louis, Ill.** DATE **Jan. 20,** 19 **38**  
 19. FUNERAL DIRECTOR (ADDRESS) **W. Kurrruss East St. Louis, Ill.**  
 20. FILED **18 1938** **J. F. Bredeck** Local Registrar.

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.

STATEMENT BY LICENSED EMBALMER

I, C. G. Kurrus, Jr., Licensed Embalmer No. 3162

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_ Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed C. G. Kurrus, Jr.  
Licensed Embalmer No. 3162

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.)