

REC'D JUN 9 1938

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

16498

Do not use this space.

4359

1. PLACE OF DEATH

(a) County Registration District No.
 (b) Township Primary Registration District No.
 (c) City St. Louis (d) Street No. City Hospital #1 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

Charles Neal
 (a) Residence, No. 4324a Clayton Ave. St. 18
 (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) Married | | |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Laura Neal | | | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 1, 1891 | | | | |
| 7. AGE 46 | YEARS | MONTHS 10 | DAYS 10 | IF LESS than 1 day, hrs. or min. |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. W.P.A. Clerk | | | |
| | 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 | |
| | | | | |
| FATHER | 12. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Mo. | | | |
| | 13. NAME John Thomas Neal | | | |
| MOTHER | 14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) | | | |
| | 15. MAIDEN NAME Eliza James | | | |
| 16. BIRTHPLACE (CITY OR TOWN) Mo. (STATE OR COUNTRY) | | | | |
| 17. INFORMANT Laura Neal (ADDRESS) 4324a Clayton Ave. | | | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE New St. Marcus DATE 5-14 , 19 38 | | | | |
| 19. FUNERAL DIRECTOR (NAME) Kriegshausler Mortuaries (ADDRESS) 4228 So. Kingshighway | | | | |
| 20. FILED MAY 12 1938 J. B. Bredeck Local Registrar | | | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **5-11**, 19**38**

22. I HEREBY CERTIFY, That I attended deceased from
 _____, 19____, to _____, 19____.
 I last saw h..... alive on _____, 19____. Death is said
 to have occurred on the date stated above, at **1A.M.**
 The principal cause of death and related causes of importance were as follows:

Robert Freeman
 Date of onset

Other contributory causes of importance:
108

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____
 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 **See above**
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? **No**
 If so, specify _____
 (Signed) **Joseph M. Quinn**, M.D.
 (Address) **Deputy Coroner**

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

Registered Apprentice No., working under my personal supervision.

Signed.....

Edwin M. Dornath

Licensed Embalmer No.

3024

P. O. Address.....

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 this body is not embalmed, above space should be left blank.