

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH **791**

16747
Do not use this space.

REC'D JUN 9 1938

1. PLACE OF DEATH

(a) County Registration District No. **1003**
 (b) Township Primary Registration District No.
 (c) City **St. Louis** (d) Street No. **City Hospital No. 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.

D. 619

2. PRINT FULL NAME

James Mc Neal **254**
 (a) Residence, No. **2833 Arlington** St. **6** (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

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 Madge Mc Neal		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 7, 1885		
7. AGE YEARS 52	MONTHS 7	DAYS 12
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.		
9. Industry or business in which work was done, as saw mill, bank, etc. watchman		
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) Indiana		
13. NAME Alexander Mc Neal		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Missouri		
15. MAIDEN NAME Sarah Bowman		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Missouri		
17. INFORMANT (ADDRESS) Hosp. Info M. Kent		
18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem. DATE May 21, 1938		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) My Right Hand Co. 1417 N. Market St.		
20. FILE MAY 20 1938 J. F. Budick Local Registrar		

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from **4/13/38**, 19... to **5/19/38**, 19...
 I last saw him **live on 5/19/38**, 19... Death is said to have occurred on the date stated above, at **76.45** m. a.
 The principal cause of death and related causes of importance were as follows:
 Date of onset

*degenerative heart disease
 old myocardial infarcts
 Pulmonary infarct
 Right hydrothorax
 Left emphysema
 non rheumatic
 Other contributory causes of importance:
 Generalized arteriosclerosis
 Pulmonary infarct caused by heart condition.*

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
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify **no**
 (Signed) **J. Maxwell**, M. D.
 (Address) **City Hospital No. 1**

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 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.....

John P. Buchholz
Licensed Embalmer No..... *1674*

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.