

77
 1939 APR 12 1939

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

8433
 Do not use this space.

1. PLACE OF DEATH

(a) County.....² Registration District No.....**791**
 (b) Township..... Primary Registration District No.....**1103**
 (c) City.....**St. Louis,** (d) Street No.....**5582 Waterman, Ave.,** 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

254 **STANLEY DEAN McNEELY.** (McNeely)
 (a) Residence, No. **5582 Waterman, Ave.,** St. **12**
 (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 **Adele W. McNeely.**
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **July 6th 1881**
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
57 8 0

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Salesman.**
 9. Industry or business in which work was done, as saw mill, bank, etc. **Boehmer Realty Co.**
 10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN)..... **Minneapolis,**
 (STATE OR COUNTRY) **Kansas.**

FATHER 13. NAME **John McNeely.**
 14. BIRTHPLACE (CITY OR TOWN)..... **Cincinnati,**
 (STATE OR COUNTRY) **Ohio.**

MOTHER 15. MAIDEN NAME **Mary A. Johnson.**
 16. BIRTHPLACE (CITY OR TOWN)..... **Camden,**
 (STATE OR COUNTRY) **Ohio.**

17. INFORMANT **Mrs. Adele W. McNeely**
 (ADDRESS) **5582 Waterman, Ave.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Zion Cemetery** DATE **3 / 8 / 1939**

19. FUNERAL DIRECTOR (NAME) **C.R. Lupton & Sons.**
 (ADDRESS) **7233 Delmar, Blvd. University City.**

20. FILED **MAR 7 1939**
J. B. Brudick
 Local Registrar.

NO PHYSICIAN IN ATTENDANCE

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **3/6/39** 19
 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 **5:00 A.M.**
 The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage (Apoplexy)
Chronic Interstitial Nephritis;
 Other contributory causes of importance:
 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? **No**
 If so, specify.....
 (Signed) **John W. Lupton**
 (Address) **7233 Delmar, Blvd. University City.**

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.....

Clarence H. Murray....., Registered Apprentice No.....
working under my personal supervision.

Signed *Clarence H. Murray*
Licensed Embalmer No. *4011*
P. O. Address *St. Louis*

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.