

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

23766

State File No.

REC'D AUG 11 1939 791

Registration District No.

Primary Registration District No.

Registrar's No. **6039**

1. PLACE OF DEATH: **1003**

(a) County

(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Homer Phillips Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **Since June 27, 1939**
(Specify whether

In this community
years, months or days)

8. (a) PRINT FULL NAME **Harrell Neal**

3. (b) If veteran, name war. **No**

3. (c) Social Security No. **None**

4. Sex **M**

5. Color or race **C**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Bessie Neal**

6. (c) Age of husband or wife if alive **38** years

7. Birth date of deceased **July 23, 1899**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	40	12	11	hr. min.

9. Birthplace **Kansas**
(City, town, or county) (State or foreign country)

10. Usual occupation **Clerk**

11. Industry or business **Confectionery store**

12. Name **John Neal**

18. Birthplace **Illinois**
(City, town, or county) (State or foreign country)

14. Maiden name **Julia Morgan**

15. Birthplace **Kansas**
(City, town, or county) (State or foreign country):

16. (a) Informant's own signature **Bessie Neal**

(b) Address **4047 Enright Ave**

17. (a) **Burial** (b) Date thereof **7-10-39**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Washington Park**

18. (a) Signature of funeral director **Ellis Funeral Home**

(b) Address **2820 Stoddard St**

19. (a) **JUL 9 1939** (b) **J.F. Bredich**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County

(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")

(d) Street No. **4037 Enright**
(If rural, give location)

(e) If foreign born, how long in U. S. A. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **4**
year **1939** hour **2** minute **45** A. M.

21. I hereby certify that I attended the deceased from **June 27, 1939**
to **July 4, 1939**
that I last saw him alive on **July 4, 1939**
and that death occurred on the date and hour stated above.

Immediate cause of death **Lobar pneumonia** **abt. 15 days**

Due to

Due to

Other conditions

Major findings: Of operations

Of autopsy

Duration

abt. 15 days

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur?

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?

23. Signature **H. J. Lignman** (M. D. or other) **1**
Address **2601 N. Webster** Date signed **7-5-39**

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 _____

Lorraine Boykin, Registered Apprentice No. _____
working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

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.