

689

AUG 11 1939

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

23978
Do not use this space.

1. PLACE OF DEATH

(a) County..... 3 Registration District No. 791
(b) Township..... 1 Primary Registration District No. 1003
(c) City..... S.T. LOUIS (d) Street No...... 6251
(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 90 yrs. mos. ds. (f) How long in U. S., if of foreign birth yrs. mos. ds.

2. PRINT FULL NAME CHARLES WM NEELY 400

(a) Residence, No. 1309 So 14th STREET St. 22 (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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF MARY NEELY

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) AUG 1 - 1912

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
26 11 12

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. DAY LABORER
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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ST. JAMES MO

FATHER 13. NAME LOUIS NEELY

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) FRANKLIN MO

MOTHER 15. MAIDEN NAME ALICE MILLER

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GREENVILLE MO

17. INFORMANT Mrs. Earl Van Horn (ADDRESS) 3711 Mansfield Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE ST. MATTHEW'S DATE July 17 1939

19. FUNERAL DIRECTOR (NAME) J. B. Tanner (ADDRESS) 6107 Natural Bridge Road

20. FILED JUL 15 1939 J. B. Tanner

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/13 1939

22. I HEREBY CERTIFY, That I attended deceased from 19... to 19...

I last saw h... alive on 3.0.19... Death is said to have occurred on the date stated above, 2 P. M.

The principal cause of death and related causes of importance were as follows:

Fracture of Skull and Extra dural Hemorrhage suffered about 9:30 P.M. July 12, 1939, in alley about 30 feet east of 1414

Other contributory causes of importance: Chuteau on by falling to brick paved surface after being struck by feet of...

If death was caused by violence, fill in also the following: Accident, suicide, or homicide? Just before date of injury... 7/12/39

Where did injury occur? Public Place (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) Joseph M. Quinn (Address) Deputy Coroner

WRITE PLAINLY, WITH UNFADING INK---THIS IS 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.

1 X1803

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.....

Lewis B Tanner

Licensed Embalmer No.....

2922

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.