

34309

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No.

8847

Registration District No.

Primary Registration District No.

791

1008

1. PLACE OF DEATH:

- (a) County St. Louis **NOV 12 1939**
- (b) City or town City
- (c) Name of hospital or institution: Faith Hosp.
(If outside city or town limits, write "RURAL" and name of township)
- (d) Length of stay: In hospital or institution 3 Week
(Specify whether years, months or days)
- In this community 81 Year

8. (a) PRINT FULL NAME Edward Neustadt 293

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced widowed6. (b) Name of husband or wife Minnie Neustadt 6. (c) Age of husband or wife if alive years7. Birth date of deceased Dec. 24 1857
(Month) (Day) (Year)8. AGE: Years 81 Months 9 Days 21 If less than one day hr. min.9. Birthplace St. Louis Co. Mo.
(City, town, or county) (State or foreign country)10. Usual occupation Farmer

11. Industry or business

12. Name Fred Neustadt 9

18. Birthplace Un. Known 9
(City, town, or county) (State or foreign country)

14. Maiden name Un. Known

15. Birthplace Un. Known
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Fred Neustadt
(b) Address Baden Sta R3 Box 8717. (a) Burial (b) Date thereof Oct. 18 1939
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Bethlehem Cem.18. (a) Signature of funeral director Diedrich F. Home(b) Address 8319 Halls Ferry Rd.19. (a) OCT 17 1939 (b) J. F. Budick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County St. Louis
- (c) City or town Rural **[NR]**
(If outside city or town limits, write "RURAL")
- (d) Street No. Baden Station R.3 Box 487
(If rural, give location)
- (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 15
year 1939 hour 10 minute 20 p.m.21. I hereby certify that I attended the deceased from September 1, 1939, to Oct 15, 1939
that I last saw him alive on September 15, 1939
and that death occurred on the date and hour stated above.Immediate cause of death acute endocarditis Duration 45 dayDue to not known

Due to _____

Other conditions none
(include pregnancy within 3 months of death) g/aMajor findings: Of operations none PHYSICIAN _____Of autopsy no 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) no
- (b) Date of occurrence ✓
- (c) Where did injury occur? none
(City or town) (County) (State)
- (d) Did injury occur in or about home, on farm, in industrial place, in public place? none
- While at work? ✓ (Specify type of place) (e) Means of injury _____

23. Signature Dr. H. F. Miller (M. D. or other) MD
Address 8410 N Broadway Date signed 10-17-39

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.

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.....

Guy W Wilkinson

Licensed Embalmer No.....

3575

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.