

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.

939

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40763

Registration District No. 184-133

Primary Registration District No. 200

Registrar's No. 2015

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Creve Coeur
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Olive Street Rd. (Rural)
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3
(Specify whether years, months or days)

In this community _____ years, months or days

3. (a) PRINT FULL NAME HARRY C. NEUMAN 551

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 MARRIED

6. (b) Name of husband or wife Julia Neuman

6. (c) Age of husband or wife if alive 37 years

7. Birth date of deceased July 28 1903
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>36</u>	<u>3</u>	<u>19</u>	hr. min.

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Gardner

11. Industry or business Shaws Garden

MOTHER FATHER { 12. Name Charles Neuman

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

14. Maiden name Hattie Rhister

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

16. (a) Informant's own signature Julia Neuman

(b) Address 4179A Castleman Ave.

17. (a) Burial (b) Date thereof 11-20-39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hiram Cemetery

18. (a) Signature of funeral director Wiegshausen Mortuaries

(b) Address 4228 St. Louis Highway

19. (a) NOV 17 1939 (b) B. Q. Hunsicker
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____

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

(d) Street No. 4179 Castleman Ave.
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11th day 16th year 1939 hour 7 minute 55 P. M.

21. I hereby certify that I attended the deceased from 11/14/39 7:50 PM, 1939, to 11/16/39 7:52 PM 1939; that I last saw him alive on 11/16/39, 1939; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion Duration 10 min

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations L

Of autopsy L

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 L

(c) Where did injury occur? _____
(City or town) (County) (State)

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

While at work? L (Specify type of place) (e) Means of injury L

23. Signature B. Q. Hunsicker (M. D. or other) _____

Address Creve Coeur Mo. Date signed 11/16/39

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....
Edwin M. Bennett

Licensed Embalmer No.....
3024

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.