

Registration District No. 791

Primary Registration District No. _____

Registrar's No. 645

1. PLACE OF DEATH: 1000
 (a) County St. Louis
 (b) City or town St. Louis
 (c) Name of hospital or institution: Mo. Pacific Hospital
 (d) Length of stay: In hospital or institution _____
 In this community _____

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County _____
 (c) City or town St. Louis
 (d) Street No. 5362 Cole Boulevard
 (e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Henry C. Neudeck
 8. (b) If veteran, name war _____
 8. (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Jan day 20
 year 1940 hour 7 minute 20 P.M.

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Margaret Neudeck
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased: Jan. 11 1869
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 14, 1940, to 11/20, 1940;
 that I last saw him alive on 11/20, 1940;
 and that death occurred on the date and hour stated above.

8. AGE: Years 71 Months 0 Days 9
 If less than one day _____ hr. _____ min.

Immediate cause of death Arteriosclerotic Heart Disease
 Due to generalized arteriosclerosis
 Due to _____

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

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

10. Usual occupation R. R. Engineer

11. Industry or business Retired
 12. Name Unknown
 13. Birthplace Unknown
 14. Maiden name Unknown
 15. Birthplace Unknown

Major findings: AD
 Of operations _____
 Of autopsy _____

16. (a) Informant's own signature Mr. Chas. Neudeck
 (b) Address 5108 Lotus
 17. (a) Burial (b) Date thereof 1-24-40
 (c) Place: burial or cremation Calvary Cem.

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? _____

18. (a) Signature of funeral director Drehmann-Harral
 (b) Address 1905 Union Blvd.
 19. (a) JAN 23 1940 (b) _____
 (Date received local registrar)

While at work? _____ (Specify type of place)
 (e) Means of injury _____
 23. Signature Robert Lindell (M. D. or other)
 Address Missouri Pacific Bldg. Date signed 1/20/40

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.

MISSOURI STATE BOARD OF HEALTH BUREAU OF THE CENSUS

1938

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.....

R. M. Sanford

Licensed Embalmer No..... *2273*

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.