

FILED JUL 7 1940  
 791

1003

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
 (b) City or town St. Louis  
 (c) Name of hospital or institution: \_\_\_\_\_  
1113 Kentucky 2  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
 (Specify whether \_\_\_\_\_)  
 In this community \_\_\_\_\_  
 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
 (c) City or town St. Louis 18  
 (If outside city or town limits, write "RURAL")  
1113 Kentucky  
 (d) Street No. \_\_\_\_\_  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME William E.O. Neal 540

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mary O. Neal 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased July 9 1861  
 (Month) (Day) (Year)

8. AGE: Years 78 Months 11 Days 11 If less than one day  
 hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Retired

11. Industry or business \_\_\_\_\_

12. Name Unk

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

14. Maiden name Unk

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

16. (a) Informant Mary O'Neal

(b) Address 1113 Kentucky

17. (a) Burial (b) Date thereof 6/22/40  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cem.

18. (a) Signature of funeral director E. J. Schnur

(b) Address E. J. Schnur 3125 Lafayette

19. (a) JUL 9 1940 (b) J. F. Bredeck  
 (Date of registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 20  
 year 1940 hour 8:00 minute \_\_\_\_\_ P \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from June 1, 1940, to June 20, 1940.  
 that I last saw him alive on June 20, 1940,  
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Hypertension Duration years

Due to Arterio-Sclerosis

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
 (include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_  
 (City or town) (County) (State)

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

23. Signature Cawwhite (Specify type of place) \_\_\_\_\_  
 While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature Cawwhite (M. D. or other) \_\_\_\_\_  
 Address 114 W. Theatre Bldg Date signed 6-22-40

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

MOTHER FATHER

**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 Jose B. Vollmer

Licensed Embalmer No. 4014

P. O. Address 3125 Lafayette

**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.**