

STANDARD CERTIFICATE OF DEATH

State File No. 30116Registrar's No. 7393

Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
BARNES HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 Weeks (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Dr. Thomas Clifford Neal3. (b) If veteran, name war. No 3. (c) Social Security No. No4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife Constance Neal 6. (c) Age of husband or wife if alive 47 years7. Birth date of deceased August 6 1889
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
51 0 26 hr. min.9. Birthplace Heflin Alabama
(City, town, or county) (State or foreign country)10. Usual occupation Physician, M. D.

11. Industry or business _____

12. Name Dr. W. A. Neal13. Birthplace Banks County Georgia
(City, town, or county) (State or foreign country)14. Maiden name Ella J. Pinson15. Birthplace Alabama
(City, town, or county) (State or foreign country)16. (a) Informant's own signature M. G. Neal M.D.(b) Address Columbia, Missouri17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 9-4-40
(Month) (Day) (Year)(c) Place: burial or cremation Heflin, Alabama18. (a) Signature of funeral director Alexander W. Stone(b) Address 6175 Delmar Blvd19. (a) SEP 2 1940 (b) J. J. Budick
(Date received) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Alabama (b) County _____

(c) City or town Anniston (If outside city or town limits, write "RURAL") NR

(d) Street No. _____ (If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 2
year 1940 hour 3 minute 20 P.M.21. I hereby certify that I attended the deceased from July 24, 1940, to Sept 21, 1940;
that I last saw him alive on Sept 21, 1940
and that death occurred on the date and hour stated above.Immediate cause of death The lungs left.
Respiratory pneumonia
Due to trauma irregularityDue to _____
Other conditions 23
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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? _____

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

23. Signature Wesley A. Gaston (M. D. or other)Address BARNES HOSPITAL Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

8682
8682

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.....

Albert C. White, Registered Apprentice No. *209*

working under my personal supervision.

Signed *J. Wm. Bumbley*
Licensed Embalmer No. *3653*
P. O. Address *St. Louis Mo.*

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.