

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **10482**

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

1. PLACE OF DEATH: **1**

(a) County St. Louis

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

(c) Name of hospital or institution: Alexian Bros. Hosp
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 mo 21 da
(Specify whether years, months or days)

In this community ~~xxxxxx~~ 3 yrs.

3. (a) PRINT FULL NAME Herman Neis

3. (b) If veteran, name war no

3. (c) Social Security No.

4. Sex male

5. Color or race white

6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive 1864 years

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

8. AGE: Years 76 Months 11 Days 22 If less than one day hr. min.

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

10. Usual occupation none

11. Industry or business none

MOTHER FATHER { 12. Name unknown Neis

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

14. Maiden name unknown

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

16. (a) Informant Walter Neis

(b) Address 404 W. Courtois

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

(c) Place: burial or cremation Calgary

18. (a) Signature of funeral director Fendler Und. Co.

(b) Address 7420 Michigan Ave.

19. (a) DEC 21 1940 (b) J. T. Bredbeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. 1821 LaSalle
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 20
year 1940 hour 11 minute 0 M.

21. I hereby certify that I attended the deceased from Dec 23, 1939, to Dec 20, 1940;
that I last saw him alive on Dec 20, 1940,
and that death occurred on the date and hour stated above.

Immediate cause of death Hepatic carcinoma

Due to HTK U

Due to HTK U

Other conditions General Arterio-Sclerosis
(Include pregnancy within 3 months of death)

Major findings: Arterio-sclerosis

Of operations: Arterio-sclerosis

Of autopsy Arterio-sclerosis of heart & generalized Arterio-sclerosis

Duration 2 years

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?

(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 1

23. Signature J. Louis Schuchat (M. D. or other) 12-20-40

Address 2200 Chateaux ave Date signed 12-20-40

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

Alfred E. Linder

Licensed Embalmer No.

4178

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, fact should be so stated above.