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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 8 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 43827

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 2330

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Koch
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Robert Koch Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 days (Specify whether
In this community years, months or days) 1

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1241 S. 6th
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME ISAAC NEAL
3. (b) If veteran, name war
3. (c) Social Security No. None
4. Sex M
5. Color or race N
6. (a) Single, widowed, married, divorced S
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 5- (Month) 5- (Day) 15 (Year)

8. AGE: Years 25 Months 7 Days 3 If less than one day hr. min.

9. Birthplace Unknown (City, town, or county) Arkansas (State or foreign country)
10. Usual occupation Coal yard loading 1
11. Industry or business Coal 9
FATHER
12. Name Isaac Neal 9
13. Birthplace Unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Betty Harris
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Hospital Records
(b) Address Robert Koch Hospital
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 12.10.40 (Month) (Day) (Year)
(c) Place: burial or cremation Resurrection Ferry
18. (a) Signature of funeral director Allen Dailes
(b) Address 3033 Pine St.
19. (a) DEC 10 1940 (Date received local registrar) (b) R. Meyer M. Dahl (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 8
year 1940 hour 5 A.M. minute M.
21. I hereby certify that I attended the deceased from 11-30-40, 19, to 12-8, 1940
that I last saw him alive on 12-8-40, 19;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: To of lungs	1 yr
Due to	
Due to 23	
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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature Herbert F. Schwartz (M. D. or other) 1
Address Robert Koch Hosp. Koch, Mo Date signed 12-9-40

(Licensed Embalmer's Statement on Reverse Side)

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 William C. McDowell, Registered Apprentice No. ..... working under my personal supervision.

Signed: Wm C McDowell

Licensed Embalmer No. 2114

P. O. Address .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.