S. No. 2
1—1-4-41
. 5-17-39
I X26390

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

FILED MAY 9 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 15756

Registration District No. 784 Primary Registration District No. 101 Registrar's No. 8140

1. PLACE OF DEATH:
(a) County: St. Louis
(b) City or town: Clayton (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis County Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 2 hrs. 36 min. (Specify whether years, months or days)
In this community: 4 months

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: St. Louis
(c) City or town: Glendale (If outside city or town limits, write "RURAL")
(d) Street No.: 1074 Chelsea Ave. (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Charles Neff
3. (b) If veteran, name war: unknown
3. (c) Social Security No.: unknown
4. Sex: male
5. Color or race: white
6. (a) Single, widowed, married, divorced: married
6. (b) Name of husband or wife: Margaret Neff
6. (c) Age of husband or wife if alive: 71 years
7. Birth date of deceased: May (Month) 25 (Day) 1862 (Year)

8. AGE: Years	Months	Days	If less than one day
78	10	22	hr. min.

9. Birthplace: Larenceberg (City, town, or county) Ind. (State or foreign country)
10. Usual occupation: nil. (Cooper)
11. Industry or business:
FATHER
12. Name: Unknown Neff
13. Birthplace: Unknown (City, town, or county) Ind. (State or foreign country)
MOTHER
14. Maiden name: unknown
15. Birthplace: unknown (City, town, or county) unknown (State or foreign country)
16. (a) Informant: Margaret Neff
(b) Address: 1074 Chelsa-Glendale Mo.
17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof: 4-21-41 (Month) (Day) (Year)
(c) Place: burial or cremation: Valhalla Crematory
18. (a) Signature of funeral director: Parker Und. Co.
(b) Address: Webster Groves, Mo.
19. (a) APR 19 1941 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: April day: 16 year: 1941 hour: 5 minute: 26 P.M.
21. I hereby certify that I attended the deceased from 4-16-41, 19..., to 4-16-41, 19...; that I last saw him alive on 4-16-41, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cardiac failure	24 h
Due to: lobar pneumonia	4 days
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings: Of operations: lobar pneumonia
Of autopsy: lobar pneumonia, encephalomalacia;

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: W. W. Forman Jr. (M.D.) 4/17/41
Address: St. Louis Date signed:

(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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No. 1932

P. O. Address.....

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

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