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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 32482

Registration District No. 784 Primary Registration District No. 101 Registrar's No. 1834

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

FILLED OCT 7 1941

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 Aug. 31 to Sept (Specify whether
In this community 0 years, months or days)

2. USUAL RESIDENCE OF DECEASED: 096
(a) State Missouri (b) County St. Louis 7
(c) City or town Webster Groves 4 (If outside city or town limits, write "RURAL")
(d) Street No. 485 Hawthorne Ave. (If rural, give location)
(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME Louise Guenther Neff
3. (b) If veteran, name war Nil
3. (c) Social Security No. Nil
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife George Neff Sr
6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased May (Month) 17 (Day) 1876 (Year)

8. AGE: Years	Months	Days	If less than one day
65	3	16	hr. min.

9. Birthplace St. Louis (City, town, or county) Mo (State or foreign country) 0
10. Usual occupation Housewife
11. Industry or business
MOTHER FATHER
12. Name Joseph Guenther
13. Birthplace ? (City, town, or county) Alsace Lorraine (State or foreign country)
14. Maiden name Christine Batz
15. Birthplace ? (City, town, or county) Germany (State or foreign country)
16. (a) Informant George Neff, Jr. George Neff Jr
(b) Address 904 Brownell Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 5 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Hill Cem
18. (a) Signature of funeral director MITTELBERG FUNERAL HOME, Inc. WEBSTER GROVES, MO.
(b) Address
19. (a) SEP - 4 1941 (Date received local registrar) (b) C. G. McGavern Jr. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 2 year 1941 hour 3 minute 50 P.M.
21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Inquest pending	
Due to Subarachnoid hemorrhage; fracs. ribs 1-9, right & 2-7, 1;	
Due to frac. 1 clavicle; rupture of liver.	
Other conditions (Include pregnancy within 3 months of death) 6	
Major findings: Of operations 700	
Of autopsy Yes.	

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) Accident
(b) Date of occurrence Aug. 31, 1941 096
(c) Where did injury occur? H'way & Sappington (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Pub. Pl. (Specify type of place)
While at work? (e) Means of injury Auto
23. Signature Louis H Bopp (M.D. or other) Coroner
Address Kirkwood Mo Date signed

101 (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 Wilford G. Burnley

Licensed Embalmer No. 4202

P. O. Address.....

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

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

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STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 784 FILED OCT 7 1941 Primary Registration District No. 101 Registrar's No.

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

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 Aug. 31 to Sept. 2 (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town Webster Groves (If outside city or town limits, write "RURAL")
(d) Street No. 485 Hawthorne Ave. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Louise Guenther Neff
3. (b) If veteran, name war
3. (c) Social Security No. Nil
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife George Neff Sr.
6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased May (Month) 17 (Day) 1876 (Year)

8. AGE: Years	Months	Days	If less than one day
65	3	16	hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER 12. Name Joseph Guenther
FATHER 13. Birthplace ? (City, town, or county) Alsace Lorraine (State or foreign country)
MOTHER 14. Maiden name Christine Batz
MOTHER 15. Birthplace Germany (City, town, or county) (State or foreign country)
16. (a) Informant George Neff, Jr.,
(b) Address 904 Brownell Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 5, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Hill Cem
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 2 year 1941 hour 2:50 minute P M.
21. I hereby certify that I attended the deceased from , 19 to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Result of collision between auto in which she was riding and another auto on a public highway. — Duration

Due to Subarachnoid hemorrhage; fractured ribs; bilateral hemothorax; hemoperitoneum.

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Yes.

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) Accident
(b) Date of occurrence Aug. 31, 1941
(c) Where did injury occur? Sappington Rd. & #66 (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public place (Specify type of place)
While at work? (e) Means of injury

23. Signature Louis H Bopp (M. D. or other)
Address Kirkwood, Mo. 9/10/41 Date signed

(Licensed Embalmer's Statement on Reverse Side)

DEC 22 1941

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.....

P. O. Address.....

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

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