

FILED JAN 24 1942

1003

Registrar's No. 10103

Registration District No. 791

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:  
3021 Keokuk St.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

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. 3021 Keokuk St.  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 20  
year 1941 hour 9: minute 45 A.M.  
21. I hereby certify that I attended the deceased from Dec. 15, 41  
to Dec. 20, 41, 1941.  
that I last saw him alive on Dec. 19, 1941.  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion Duration 24 hrs

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
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?

While at work? \_\_\_\_\_ (Specify type of place) \_\_\_\_\_ (Means of injury)  
23. Signature Leo A. P. [Signature] (M. D. or other)  
Address 280 [Address] Date signed 12/24/41

3. (a) PRINT FULL NAME John Burchfield Neely

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 488-01-1068

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Grace Beesie Neely 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased July 31 1882  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
59 4 20  
hr. min.

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

10. Usual occupation Civil Engineer

11. Industry or business \_\_\_\_\_

12. Name W. A. K. Neely

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

14. Maiden name Zella Mae Burchfield

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

16. (a) Informant Harry Neely

(b) Address 3021 Keokuk St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 22, 1941  
(Month) (Day) (Year)

(c) Place: burial or cremation Pacific, Missouri

18. (a) Signature of funeral director J. H. [Signature] and [Signature]

(b) Address 2342 Meramec St.

19. (a) DEC 22 1941 (b) J. F. [Signature]  
(Date received local registrar) (Registrar's signature)

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

10  
7  
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**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 Me

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed Loren E. Bency

Licensed Embalmer No. 4094  
2842 Meramec St.

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.**