

S. No. 2
M-1-4-41
7. 5-17-39
I X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

191
100.
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

4747
State File No. _____
1116
Registrar's No. _____

FILED MAR 17 1942

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Homer Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 mo. 19 days
(Specify whether
In this community 18 years
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. 3865 Windsor Pl.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Irving Neal

3. (b) If veteran, name war No 3. (c) Social Security No. 492-01-7649

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased October 2 1905
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>37-37</u>	<u>2</u>	<u>2</u>	hr. _____ min. _____

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

10. Usual occupation Laborer - Building Trades

11. Industry or business _____

12. Name Lewis Neal -

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

14. Maiden name Elizabeth Marshall

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

16. (a) Informant Lewis Neal

(b) Address 1104 N. Compton

17. (a) Burial (b) Date thereof 2-2-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Manuel

(b) Address 2435 S. Ferguson Ave

19. (a) 1942 (b) J. T. Predeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 3,
year 1942 hour 11 minute 30 A. M.

21. I hereby certify that I attended the deceased from December 15, 1941 to February 3, 1942;
that I last saw him alive on February 3, 1942;
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia Duration 4 days

Massive Collapse of Lung
Due to cause unknown
Impassable Urethral Stricture 1 year

Due to non-malignant, cause unknown

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: 136a
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)
(e) Means of injury _____

23. Signature B. F. Petcher (M. D. or other)
Address 2601 Whittier Date signed _____

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

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 William 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 with the above constitutes grounds for revocation of license.)

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