V. S. No. 2
M—11-10-39
Rev. 5-17-39
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 15549

Registration District No. FILED MAY 25 1942

Primary Registration District No. 200

Registrar's No. 1092

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

1. PLACE OF DEATH:
(a) County: St. Louis County
(b) City or town: Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Administration Facility, 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: Adm. 5/11/42. (Specify whether
In this community: unknown.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: [illegible]
(c) City or town: Saint Louis
(If outside city or town limits, write "RURAL")
(d) Street No.: 5930 Marwinette.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? - 1 years.

3. (a) PRINT FULL NAME: William J. Neels
3. (b) If veteran, name war: World War 1918
3. (c) Social Security No.: none
4. Sex: Male C
5. Color or race: white
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Grace
6. (c) Age of husband or wife if alive: 44 years
7. Birth date of deceased: October (Month) 9. (Day) 1895 (Year)
8. AGE: Years 46 Months 8 Days 9 If less than one day hr. min.
9. Birthplace: Parryville, Mo. (City, town, or county) (State or foreign country)
10. Usual occupation: Druggist
11. Industry or business: -
FATHER
12. Name: Edward J. Neels
13. Birthplace: Holland (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Emma Reis
15. Birthplace: Missouri (City, town, or county) (State or foreign country)
16. (a) Informant: M. Schilling
(b) Address: Clinical Clerk, VAF, Jeff. Bks., Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 5-21-42 (Month) (Day) (Year)
(c) Place: burial or cremation: New S.S. Peter & Paul
18. (a) Signature of funeral director: Southern Funeral Home
(b) Address: 6322 S. Grand Blvd.
19. (a) MAY 19 1942 (Date received local registrar) (b) C. G. McKaran M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 18th year 1942. hour 11:30 minute a. M.
21. I hereby certify that I attended the deceased from May 11, 1942, to May 18, 1942, that I last saw him alive on May 18, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Hemiplegia, left, incident to cerebral vascular disease,	Abt. 7 days
Due to and Arteriosclerosis, general, with	
Due to severe arterial hypertension.	Abt. 4 yrs.

Other conditions: - (Include pregnancy within 3 months of death)
Major findings: Of operations: -
Of autopsy: No 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): no
(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: L. M. COCHRAN, M.D., (M. D. or other)
Address: Chief Medical Officer. Date signed 5/18/42

(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 Virgil L. Berryman

Licensed Embalmer No. 4018

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, above space should be left blank.