S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 14 1942

Registration District No. 191

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 22990

Registrar's No. 6694

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: Jewish Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community Life

2. USUAL RESIDENCE OF DEACESED: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis 216
(If outside city or town limits, write "RURAL")

(d) Street No. 3916 Utah Street
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Martin A. Neist

3. (b) If veteran, name war

3. (c) Social Security No. 492-07-4461

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Bernice

6. (c) Age of husband or wife if alive 32 years

7. Birth date of deceased April (Month) 9 (Day) 1900 (Year)

8. AGE: Years 42 Months 3 Days 29 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Machinist

11. Industry or business Smith & Davis Mfg. Co.

FATHER
12. Name Martin J. Neist
13. Birthplace St. Louis (City, town, or county) Missouri 0 (State or foreign country)

MOTHER
14. Maiden name Anna Will
15. Birthplace Hermann (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant Bernice Neist
(b) Address 3916 Utah Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/10/42 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Parker Kilduff and Co.
(b) Address 3634 Gravois Ave.

19. (a) AUG 8 1942 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 7 th. year 1942 hour 8 minute 55 A.M.

21. I hereby certify that I attended the deceased from June, 1942, to Aug 7, 1942 that I last saw h. alive on Aug 6, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to Chronic Myocarditis

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

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? Means of injury

23. Signature (M. D. or other)

Address Date signed 8/9/42

(Licensed Embalmer's Statement on Reverse Side)

JUN 29 1948

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 Robert C Wheeler

Licensed Embalmer No. 2128

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.