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4-13-40  
5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

29045

FILED OCT 6 1942

Registration District No. 318

Primary Registration District No. 1003

State File No.

Registrar's No. 8062

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

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town Saint Louis, Missouri.  
(c) Name of hospital or institution: Lutheran Hospital.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME Frank Neavill

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 488-10-0088.

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

6. (b) Name of husband or wife Laura Neavill 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased June 20th, 1877.  
(Month) (Day) (Year)

8. AGE: Years 65 Months 3 Days 7 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Unknown Illinois.  
(City, town, or county) (State or foreign country)

10. Usual occupation Refinery

11. Industry or business Busch Brewery

12. Name ? Neavill

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

14. Maiden name Unknown

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

16. (a) Informant John Schwartz

(b) Address 3956 Russell Blvd.

17. (a) Burial (b) Date thereof Sept. 30, 42.  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Concordia Cemetery.

18. (a) Signature of funeral director Legenhardt Bros.

(b) Address 6409 Gravois Ave.

19. (a) SEP 30 1942 (b) J. F. Bruck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County \_\_\_\_\_  
(c) City or town Saint Louis,  
(If outside city or town limits, write "RURAL")  
(d) Street No. 714 Shenandoah Ave.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 27th,  
year 1942. hour 6 minute 55 A. M.

21. I hereby certify that I attended the deceased from Sept. 26, 1942 to Sept. 27, 1942  
that I last saw him alive on Sept. 27, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage 7 hrs.

Due to Hypertension 24RS.

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

Duration  
7 hrs.  
24RS.  
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 Ralph Thompson (M. D. or other) M.D.  
Address 3606 Francis Mann Date signed 9/28/42

**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 W E Morris

Licensed Embalmer No. 3360

P. O. Address 6409 Grand

**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.**