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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.
Registrar's No. **9180**

FILED NOV 16 1942
Registration District No. **318**

Primary Registration District No. **1003**

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

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:
3341 Delor 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 Life.
years, months or days)

3. (a) PRINT FULL NAME Daniel Edward Neal
(b) If veteran, name war None
(c) Social Security No. None

4. Sex Male 5. Color or Race White
6. (a) Single, widowed, married, Divorced Married
6. (b) Name of husband or wife Ida N. Neal
6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased March 26 1870
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
72 7 7 ..hr.min.

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

10. Usual occupation Barber
11. Industry or business Self

MOTHER FATHER
12. Name John Thomas Neal
13. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Eliza James
15. Birthplace Bridgerton Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Ida N. Neal
(b) Address 3341 Delor st.

17. (a) Burial (b) Date thereof Nov. 5-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Park Lawn Cem.

18. (a) Signature of funeral director C. Hoffmeister U.S.A. L. Co.
(b) Address 7814 S. Broadway

19. (a) NOV 4 1942 (Date received local registrar)
J. F. Bredack (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3341 Delor st.
(If rural, give location)
(e) No (foreign country) (Yes or No)
No Attending Physician

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month November day 3
year 1942 hour 6 minute a. M.
21. I hereby certify that I attended the deceased from.....
....., 19....., to....., 19.....;
that I last saw h..... alive on....., 19.....;
and that death occurred on the date and hour stated above.
Immediate cause of death.....

Coronary Sclerosis
Arteriosclerosis
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) (e) Means of injury.....
23. Signature James (M. D. or other)
Address James Date signed 11/4/42

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

Linus C. Hoffmeister

Licensed Embalmer No. *3871*

P. O. Address *7814 S. Broadway*

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.