S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 21 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 39139

Registration District No. 818 Primary Registration District No. 1003 Registrar's No. 19336 96

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 O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 2
(c) City or town Clayton 3NR
(If outside city or town limits, write "RURAL")
(d) Street No. 9 Southmoor Drive
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME George Neville
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race O White
6. (a) Single, widowed, married, divorced 1 Married
6. (b) Name of husband or wife Mary G.
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 8 (Month) — 2 (Day) — 1865 (Year)

8. AGE: Years 77 Months 4 Days 7 If less than one day hr. min.

9. Birthplace (City, town, or county) 9 (State or foreign country)
10. Usual occupation Dep. Coll. Internal Revenue
11. Industry or business City of St. Louis
FATHER
12. Name James Neville
13. Birthplace Chester (City, town, or county) Ill (State or foreign country)
MOTHER
14. Maiden name Jeanett Adams
15. Birthplace Chester, (City, town, or county) Ill (State or foreign country)
16. (a) Informant George G. Neville
(b) Address 9 Southmoor Drive
17. (a) Entombment (Burial, cremation, or removal) (b) Date thereof 12/11/42 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Mausoleum
18. (a) Signature of funeral director Robert J. Ambruster
(b) Address Clayton Rd. at Concordia Lane
19. (a) DEC 11 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 9
year 1942 hour 8 ~~30~~ minute 30 P.M.
21. I hereby certify that I attended the deceased from Nov 4, 1942, to 12/9/42, 19
that I last saw him alive on 12/9/42, 19
and that death occurred on the date and hour stated above.

Immediate cause of death -Acute Coronary Artery Thrombosis-
Due to Chronic Hypertension
Acute Hemorrhage, post-operative -Transurethral prostatic resection Nov 24, '42
~~Due to~~
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations 9 H
Of autopsy 9 H

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? (e) Means of injury
23. Signature Jerome E. Cook O (M. D. or ~~other~~)
Address Metropolitan Bldg. Date signed 12/10/42

(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.....

Licensed Embalmer No.....1874.....

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.