

FILED MAR 2 1943 18

State File No. 1589
Registrar's No.

Registration District No. Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County ST. LOUIS
(b) City or town ST. LOUIS
(c) Name of hospital or institution DE PAUL HOSPITAL
(d) Length of stay: In hospital or institution (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State ILLINOIS (b) County 11
(c) City or town GRANITE CITY
(d) Street No. 2314 DELMAR
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 2

3. (a) PRINT FULL NAME GEORGE NEUNREITER

3. (b) If veteran, name war NO 3. (c) Social Security No. 333-03-260

4. Sex M 5. Color or race W 6. (a) Single, widowed, divorced, or married married

6. (b) Name of husband or wife TENA 6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased JULY 1 1882 (Month) (Day) (Year)

8. AGE: Years 60 Months 7 Days 15 If less than one day hr. min.

9. Birthplace ST. LOUIS MO. (City, town, or county) (State or foreign country)

10. Usual occupation PROCESS INSPECTOR

11. Industry or business GENERAL STEEL CASTING CO.

12. Name GEORGE NEUNREITER

13. Birthplace ALSACE-LORRAINE (City, town, or county) (State or foreign country)

14. Maiden name LENA MEIER

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

16. (a) Informant Mrs. Lena Neunreiter

(b) Address 2314 Delmar Granite City Ill.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Feb 17 1943 (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Hill Cem. Yorktown Co. Ill.

18. (a) Signature of funeral director J. J. Brodeur

(b) Address Granite City Illinois (Date received by registrar) (Registrar's signature)

FEB 17 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 16 year 1943 hour 11:10 minute AM

21. I hereby certify that I attended the deceased from 1/19/43 to 2-16-43 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Embolism

Due to III

Other conditions Prostate Hypertrophy (Include pregnancy within 3 months of death)

Major findings: Of operations Prostate Hypertrophy (Benign) Of autopsy

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) (b) Means of injury

Signature J. J. Brodeur (M. D. or other) Address 812 Cedar St. Granite City Date signed 2-17-43

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

786 ARCADE BLDG. N. W. 50 W. E. D.

100

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:

William J. Heenan

Licensed Embalmer No.

4319

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.