

AUG 30 1943

318

Primary Registration District No. 101

Registrar's No. 7578

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Park Lane Memorial Hospital
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

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

(d) Street No. 4630 Primm St.
(If rural, give location)

(e) Citizen of foreign country? -- (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Adam Neff

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male 5. Color or Race White

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

6. (b) Name of husband or wife Dora Neff

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

7. Birth date of deceased December 5, 1869
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

73 8 17 _____ hr. _____ min.

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

10. Usual occupation Retired

11. Industry or business _____

12. Name Christ Neff

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

14. Maiden name Unknown

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

16. (a) Informant Arthur Neff

(b) Address 4630 Primm St.

17. (a) Burial (b) Date thereof 8 25 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director W. J. Brudwick

(b) Address 3634 Gravois Avenue

19. (a) Aug 24 1943 J. F. Brudwick
(Date received final authority) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 22
year 1943 hour 10 minute 30 A. M.

21. I hereby certify that I attended the deceased from 7-17-1943 to 8-22-1943
that I last saw him alive on 8-22-1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cholera Int. Mefluens

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____

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) (e) Means of injury

Signature J. F. Brudwick (M.D. or other) _____

Address 4930 Du Dose signed _____

008
17
22

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 Frank J. Dyland.
Licensed Embalmer No. 2615
P. O. Address W. Lund

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.