

AUG 30 1943
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, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
2807 N. Kingshighway Blvd.
(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 _____

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

(d) Street No. 2807 N. Kingshighway
(If rural, give location)

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

3. (a) PRINT FULL NAME Theodore W. Neuhaus

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced widow

6. (b) Name of husband or wife Mary Neuhaus 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 28th 1853
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>90</u>	<u>3</u>	<u>21</u>	hr. _____ min. _____

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

10. Usual occupation Marbel worker-retired

11. Industry or business _____

MOTHER {

12. Name Theodore Neuhaus

13. Birthplace Europe 4
(City, town, or county) (State or foreign country)

14. Maiden name Gertrude Lauem.

15. Birthplace Europe 4
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Martha Neuhaus

(b) Address 2807 N. Kingshighway Blvd.

17. (a) Burial (b) Date thereof 8-21-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Int. Calvary Cemetery

18. (a) Signature of funeral director Sullivan Brothers

(b) Address 2849 North Euclid Ave.

19. (a) AUG 20 1943 (b) J. F. Preidik
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 19
year 1943 hour 11 minute 10 P.M.

21. I hereby certify that I attended the deceased from Aug 1 - 1943 to Aug 19 1943
that I last saw him alive on Aug 19 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis
prolonged

Due to _____

Due to _____

Other conditions 92
(Includes 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) (Means of injury)

23. Signature W. N. White (M. D. or other) _____
2803 N. Kingshighway Date signed 8-20-43

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 *Albert J. Mayfield*

Licensed Embalmer No. *3077*

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.