

FILED MAR 27 1944

Primary Registration District No. **1003**

318

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution: Firmin Desloge Hosp.
(d) Length of stay: In hospital or institution _____
In this community _____

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town Normandy
(d) Street No. 6900 Greenway Ave.
(e) Citizen of foreign country? _____

3. (a) PRINT FULL NAME Edward Neumann

MEDICAL CERTIFICATION

3. (b) If veteran, name war _____ 3. (c) Social Security No. 489-05-1365

20. DATE OF DEATH: Month Mar. day 18 year 1944 hour 6 minute 18 A. M.

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

21. I hereby certify that I attended the deceased from July 9, 1943 to March 18, 1944 that I last saw him alive on March 18, 1944 and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife Marie Avooski Neumann 6. (c) Age of husband or wife if alive 57 years
7. Birth date of deceased: July 1, 1881

Immediate cause of death: Coronary Heart Failure
Due to Coronary occlusion

8. AGE: Years 62 Months 8 Days 17 If less than one day _____ hr. _____ min.

Due to _____

9. Birthplace Lebanon Illinois

Other conditions None

10. Usual occupation Salesman

11. Industry or business Wall Paper

12. Name Charles Neumann

13. Birthplace Germany

14. Maiden name Regina Neuheusler

15. Birthplace Germany

16. (a) Informant Marie Neumann

(b) Address 6900 Greenway Ave.

17. (a) Burial (b) Date thereof 3/21/44

(c) Place: burial or cremation Calvary Cem.

Major findings: Of operations _____
Of autopsy not done

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? _____

(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 J. F. Bruseck (M.D. or other) _____
Address 2720 Washington Date signed 3/20/44

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

MOTHER FATHER

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 *Sheldon Collier*.....

Licensed Embalmer No. *3382*.....

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.