

S. No. 2
M-8-43
7-5-17-39
PI X37823

29666

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED OCT 6 1944 8

1003

Registrar's No. 8235

Registration District No. _____ Primary Registration District No. _____

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:
Barnes Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 0 (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. 3203a St. Louis Ave.
(If rural, give location)

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

3. (a) PRINT FULL NAME Mr. Charles Neuner

3. (b) If veteran, name war _____

3. (c) Social Security No. 498-07-6326

4. Sex Male 5. Color or race W

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

6. (b) Name of husband or wife Nellie Neuner

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

7. Birth date of deceased October 31st., 1869
(Month) (Day) (Year)

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

74	10	24	hr. min.
----	----	----	----------

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

10. Usual occupation Mechanic's Helper

11. Industry or business Shoe Industry

12. Name Unknown Neuner

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

14. Maiden name Unknown

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

16. (a) Informant Mrs. Nellie Neuner

(b) Address 3203a St. Louis Ave.

17. (a) Burial (b) Date thereof 9/29/1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEM

18. (a) Signature of funeral director Sullivan Brothers

(b) Address 2849 North Euclid Ave.

19. (a) SEP 27 1944 (b) J. F. Bredeck
(Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 25
year 1944 hour 6 minute 15 P. M.

21. I hereby certify that I attended the deceased from 8-8, 1944 to 9-25, 1944
that I last saw h. in alive on 9-25, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death:
Pulmonary Edema
Carcinoma of Prostate

Due to _____

Due to 51

Other conditions Arenia, Secondary
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy Carcinoma of Prostate
Metastases to Retroperitoneal Lymphatic Nodes

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 _____

23. Signature Karl Hanna M.D. (M-D. or other) M.D.
Address 3720 Washington Date signed 9/26/44

109

Duration
4 hrs
Several
months

1+ mo

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

84

Dr. Karl F. Koenig,
3720 Washington Blvd.,
Jefferson 3477

{ 1:30 - 5 pm }
today }

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 Eugene H. Sullivan
Licensed Embalmer No. # 2930
P. O. Address St. Louis, Missouri

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.