S. No. 2
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r. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 32052

FILED OCT 7 1948

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8312

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

30880

1. PLACE OF DEATH:

(a) County
(b) City or town St Louis (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1915 S Jefferson (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 47 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000
(c) City or town St. Louis 2317 (If outside city or town limits, write "RURAL")
(d) Street No. 1915 a So Jefferson 9 (If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Henry Neuroth

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

4. Sex Male
5. Color or race White
6. (a) Single, widowed, (married) divorced Dorothy
6. (b) Name of husband or wife Dorothy
6. (c) Age of husband or wife if alive 44 years
7. Birth date of deceased May (Month) 11 (Day) 1899 (Year)

8. AGE: Years 47 Months 4 Days 13 If less than one day hr. min.

9. Birthplace St. Louis Mo (City, town, or county) 0 (State or foreign country)
10. Usual occupation Carpenter
11. Industry or business

FATHER
12. Name John W. Neuroth
13. Birthplace Germany (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Mrs Dorothy Neuroth 1
(b) Address 1915 So Jefferson
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/27/46 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Olive (Jewish)
18. (a) Signature of funeral director Guy Mullen
(b) Address 5041 Delmar
19. (a) SEP 27 1946 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 24 year 1946 hour 5 minute 10 P. M.

21. I hereby certify that I attended the deceased from saw him, 19 to only once, 19 ; that I last saw h alive on 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

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? (Specify type of place)
While at work? (e) Means of injury (5)

23. Signature R Berg (M. D. or other)
Address 225 3 Nebraska Date signed 9/27/46

(Licensed Embalmer's Statement on Reverse Side)

~~Embalmer separate Cert to be filed~~ SEP 27 1946

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 Max Campbell

Licensed Embalmer No. 3881

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.