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ev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38865-505**
Registrar's No. **10061**

FILED DEC 9 1946

Registration District No. **318**

Primary Registration District No. **1002**

Registrar's No. **10061**

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:
3206 LUCAS AVE
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **30 yrs** (Specify whether years, months or days)
In this community **30 yrs**

2. USUAL RESIDENCE OF DECEASED:
(a) State **MISSOURI** (b) County **000**
(c) City or town **St Louis** **2117**
(If outside city or town limits, write "RURAL")
(d) Street No. **3206** **LUCAS AVE** **9**
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) **0**
If yes, name country _____

3. (a) PRINT FULL NAME **THOMAS McNEAL**
(b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Nov** day **21**
year **1946** hour **6** minute **25** M.

4. Sex **MALE** 5. Color or race **Col**
6. (a) Single, widowed, married, divorced **Widow**
6. (b) Name of husband or wife **GRACE McNEAL**
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **MARCH 15 1888**
(Month) (Day) (Year)

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

8. AGE: Years **58** Months **8** Days **6**
If less than one day _____ hr. _____ min.

Immediate cause of death **Gun-shot wound of skull and brain, self-inflicted at his home on Nov. 21, 1946 about 6:25 a.m.**

9. Birthplace **Bolivar TENN**
(City, town, or county) (State or foreign country)

Due to _____
Other conditions (Include pregnancy within 3 months of death) **Hoff**

10. Usual occupation **LABORER**

Major findings: Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER
11. Industry or business _____
12. Name **AROURN McNEAL**
13. Birthplace **Unknown** (City, town, or county) (State or foreign country)
14. Maiden name **Lucinda Huntley**
15. Birthplace **Unknown** (City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) **suicide**
(b) Date of occurrence **Nov 21, 1946**
(c) Where did injury occur? **St Louis Mo** (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? **Home**

16. (a) Informant **Willie Mae Gooden**
(b) Address **17204 Webster Ave**
17. (a) **BURIAL** (Burial, cremation, or removal) (b) Date thereof **11-26-46** (Month) (Day) (Year)
(c) Place: burial or cremation **GREENWOOD Cem.**

23. Signature **Patrick E. Dwyer** (M. D. or other) **2**
Address _____ Date signed _____
While a work? (Specify type of place) _____
(e) Means of injury **to body**

18. (a) Signature of funeral director **Ellis FUNERAL HOME**
(b) Address **2820 Stoddard St**
19. (a) **NOV 25 1946** (Date received local registrar) **J. Breach** (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

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

Emil separate cert filed

NOV 25 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.....

Licensed Embalmer No.....

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.