

Registration District No. 318 Primary Registration District No. \_\_\_\_\_

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:  
Barnes Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 15 hours  
(Specify whether \_\_\_\_\_)  
In this community 14 years  
years, months or days

3. (a) PRINT FULL NAME Charles August Neuenhahn  
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 Married  
6. (b) Name of husband or wife Alice W. Neuenhahn 6. (c) Age of husband or wife if alive 60 years  
7. Birth date of deceased 2 - 20 - 1885  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>61</u>	<u>10</u>	<u>1</u>	hr. _____ min. _____

9. Birthplace: Lamar Missouri  
(City, town, or county) (State or foreign country)  
10. Usual occupation President & Treasurer  
Central States Tie Co.

MOTHER FATHER

11. Industry or business \_\_\_\_\_  
12. Name Charles F. Neuenhahn  
13. Birthplace Herman Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Theresa Poeschel  
15. Birthplace Herman Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Alice W. Neuenhahn  
(b) Address 917 Tuxedo Blvd., Webster Groves, Mo.  
17. (a) Burial (b) Date thereof 12-24-1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cemetery  
18. (a) Signature of funeral director Mittelberg Funeral Home  
(b) Address 23 W. Lockwood, Webster Groves, Mo.  
19. (a) DEC 23 1946 (b) J. F. Bredick  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County St. Louis 96  
(c) City or town Webster Groves 7  
(If outside city or town limits, write "RURAL") NR 4  
(d) Street No. 917 Tuxedo Blvd.  
(If rural, give location) 1  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 21  
year 1946 hour 7 minute 30 a.m.  
21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to Dec. 21, 1946  
that I last saw him alive on December 21, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Congestive Heart failure. Duration \_\_\_\_\_  
Due to Arteriosclerotic heart disease  
Hypertensive Cardiovascular disease  
Due to \_\_\_\_\_  
Other conditions Ascites, hydropneumothorax, lung liver  
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: no operation other than  
Of operations paracentesis abdominis 2 lqts fluid removed. Underline the cause to which death should be charged statistically.  
Of autopsy no autopsy.

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? U  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature J. F. Bredick (M. D. or other) \_\_\_\_\_  
Address Barnes Hospital Date signed 12/21/46

MAR 5 1948

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..... *J. M. Sizemore*  
Licensed Embalmer No. *4343*  
P. O. Address..... *7415 Zephyr Pl  
Maplewood N*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.