S. No. 2
—12-45
5-17-39
P I X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 10 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2932

Registration District No. #48368 318 Primary Registration District No. 1003 Registrar's No. 906

1. PLACE OF DEATH:

(a) County
(b) City or town St.Louis,Missouri.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St.Louis City Hospital-Max C. Starkloff Memorial
(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 0-00
(c) City or town ST. LOUIS 22/17
(If outside city or town limits, write "RURAL")
(d) Street No. 827 HICKORY 9
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME JOSEPH NEFF
3. (b) If veteran, name war 0
3. (c) Social Security No.
4. Sex MAle
5. Color or race White
6. (a) Single, widowed, married, divorced 0
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased DEC. (Month) 30 (Day) 1946 (Year)

8. AGE: Years — Months — Days ~~26~~ 27 If less than one day hr. min.

9. Birthplace ST. LOUIS (City, town, or county) MO. (State or foreign country) 0
10. Usual occupation
11. Industry or business
FATHER
12. Name SYLVESTER NEFF
13. Birthplace SYRIA (City, town, or county) X (State or foreign country)
MOTHER
14. Maiden name BUCKLEY
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)
16. (a) Informant SYLVESTER NEFF
(b) Address 827 HICKORY
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JAN. 27 1947 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ OLD S.S. PETER + PAUL
18. (a) Signature of funeral director Thomas Kutis + Son
(b) Address 2906 Gravois
19. (a) JAN 27 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 27th year 1947 hour 10:05 minute A M.
21. I hereby certify that I attended the deceased from 1/17/47, 19, to 1/27/47, 19; that I last saw him alive on 1/27/47, 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Diarrhea	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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? Means of injury 0
23. Signature S W Gillette M.D. (M.D. or other)
Address 1515 Lafayette 1/27/47 Date signed

(Licensed Embalmer's Statement on Reverse Side)

not embalmed

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: