

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

479

FILED JAN 27 1947

Registration District No.

218

Primary Registration District No.

1002

Registrar's 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:
Lutheran Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
(Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3217 Geyer Ave.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Amanda C. Neuenhahn

3. (b) If veteran, name war None 3. (c) Social Security No.

4. Sex Female / 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife 6. (c) Age of husband or wife if
alive years
7. Birth date of deceased July 25 1873
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
73 5 18 hr. min.

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

10. Usual occupation Fitter

11. Industry or business Boyd's Clothing Co.

MOTHER FATHER { 12. Name August Neuenhahn
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Regina Werner
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ben Richter

(b) Address 3217 Geyer Ave.

17. (a) Burial (b) Date thereof 1 16 47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Kriegshauser Und. Co.

(b) Address So. Kingshighway Bl.

19. (a) JAN 15 1947 (b) J. F. Probeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 13th
year 1947 hour 3:00 minute P.M.

21. I hereby certify that I attended the deceased from
Dec 11th, 1946 to 1/13/47, 19.....
that I last saw her alive on 1/13/47, 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Carcinoma of Breast
not metastasized Duration 1 year

Due to.....
Due to.....
Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations..... None
Of autopsy..... None
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?

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

23. Signature CE St. Jell (M. D. or other)
Address 3651 Geyer Ave. Date signed 1/14/47

JAN 15 1947

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

3651 Handwritten by

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 Richard W. Storrans

Licensed Embalmer No. 4007

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.