No. 2
12-45
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 21 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19735

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 1032

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Veterans Administration Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution since 2-6-47 (Specify whether
In this community 36 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000 17 4

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. Fairgrounds Hotel, 3644 Natural Bridge
(If rural, give location)

(e) Citizen of foreign country? no / (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Basil Neel

3. (b) If veteran, name war WW-1

3. (c) Social Security No. none

4. Sex male 0

5. Color or race white

6. (a) Single, widowed, married, divorced married /

6. (b) Name of husband or wife Irene Neel

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased March (Month) 8 (Day) 1891 (Year)

8. AGE:

Years	Months	Days	If less than one day
56	1	29	hr. min.

9. Birthplace Eldorado, Illinois (City, town, or county) / (State or foreign country)

10. Usual occupation Unemployed

11. Industry or business

FATHER
12. Name William C. Neel
13. Birthplace Kentucky (City, town, or county) / (State or foreign country)

MOTHER
14. Maiden name Sarah M. Bramlett
15. Birthplace Illinois (City, town, or county) / (State or foreign country)

16. (a) Informant Registrar, Veterans Adm. Hospital

(b) Address Jefferson Barracks 23, Missouri

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5- 8- 47 (Month) (Day) (Year)

(c) Place: burial or cremation Eldorado, Illinois

18. (a) Signature of funeral director Cullinane Bros. Und. Co.

(b) Address 3320 N. Kingshighway, St. Louis, Mo.

19. (a) 5-12-47 (Date received local registrar) (b) Carl A. J. Shaffer MC (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6
year 1947 hour 8:07 minute P. M.

21. I hereby certify that I attended the deceased from 2-6-47, 19__, to 5-6-47, 19__;
that I last saw him alive on 5-6-47, 19__;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death CIRRHOSIS OF LIVER WITH GASTRIC HEMORRHAGE, ESOPHAGEAL VARICES WITH RUPTURE AND HEMORRHAGE,	
Due to GASTRO-INTESTINAL PETECHIA AND HEMORRHAGE THROUGHOUT.	UNK.
Due to 61	
Other conditions DIABETES MELLITIS. (Include pregnancy within 3 months of death)	UNK.

Major findings:
Of operations None

Of autopsy Autopsy performed (see cause of death)

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) no

(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 0

23. Signature L. E. Stilwell (M. D. or other)

Address Vet. Adm. Hosp., Jeff. Bks., Mo. Date signed 5-7-47

(Licensed Embalmer's Statement on Reverse Side)

JUL 17 1947

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 Fred Frick

Licensed Embalmer No. 3186

P. O. Address St. Louis, Mo.

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.