

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 28 1947

Registration District No. **318**

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. **1003**

State File No. _____

40017

Registrar's No. **10628**

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:
2833 Miami /
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 In this community 55 years (Specify whether
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 2833 Miami
24 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 18
 year 1947 hour 7 minute 00 M.

21. I hereby certify that I attended the deceased from
19. 47 to Nov. 18, 47
 that I last saw him alive on Nov. 17, 47
 and that death occurred on the date and hour stated above.

Immediate cause of death
Cerebrovascular of the Arteries
 Duration
6 hrs. 18 days

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 _____
 23. Signature J. F. Brudeck (M. D. or other) M.D.
 Address 3014 S. Jefferson Date signed Nov. 18, 47

3. (a) PRINT FULL NAME JOHN NEUGEBAUER

3. (b) If veteran, name war _____ 3. (c) Social Security No. 494-10-1295

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Eva M., nee Schroll 6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased December 24 1875
 (Month) (Day) (Year)

8. AGE: Years 71 Months 10 Days 24
 If less than one day hr. _____ min. _____

9. Birthplace Landskron - Austria
 (City, town, or county) (State or foreign country)

10. Usual occupation Clerk

11. Industry of Business Griesedieck Bros. Brewery

12. Name Frank Neugebauer

13. Birthplace Austria
 (City, town, or county) (State or foreign country)

14. Maiden name Emilia Kaupe

15. Birthplace Austria
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Eva M. Neugebauer

(b) Address 2833 Miami

17. (a) Burial (b) Date thereof Nov. 20, 1947
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus Cemetery

18. (a) Signature of funeral director Beidervieden F.H., Inc.

(b) Address 1936 St. Louis Ave.

19. (a) NOV 19 1947 (Date received local registrar)
J. F. Brudeck (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

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.....

Glen W. Katz

Licensed Embalmer No. *3734*

P. O. Address *1936 St. Louis*

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.