No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 2896

FILED FEB 9 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 858

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: Enroute H.C. Phillips 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 27 years
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. #4 S. Ewing Avenue
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Jesse Neal

3. (b) If veteran, name war

3. (c) Social Security No. 702-12-8226

4. Sex Male

5. Color or race Negro

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

6. (b) Name of husband or wife Lula Neal

6. (c) Age of husband or wife if alive 34 years

7. Birth date of deceased January (Month) 2 (Day) 1908 (Year)

8. AGE: Years	Months	Days	If less than one day
40	0	22	hr. min.

9. Birthplace Memphis, Tennessee
(City, town, or county) (State or foreign country)

10. Usual occupation Chef

11. Industry or business Dining Car-Frisco R.R.

FATHER
12. Name Dan Neal
13. Birthplace Unavailable
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Pet Smith
15. Birthplace Unavailable
(City, town, or county) (State or foreign country)

16. (a) Informant Sam Neal

(b) Address #4 S. Ewing Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/30/48 (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cem.

18. (a) Signature of funeral director Chas. J. Gates

(b) Address 4107 Finney Avenue

19. (a) JAN 28 1948 (Date received by registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 24 year 1948 hour 2 minute 45 A.M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ;

that I last saw h alive on , 19 ;

and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Internal hemorrhage following gunshot wound of abdomen inflicted by Lt. Jos. in the shoots of Samuel McDonald Col. Arden and affected by one Elwood McDonald	
Due to Wounded 12:20 p.m. Jan 24, 1948 at 4 N. Ewing Ave	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operation

Of autopsy

PHYSICIAN

Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Homicide

(b) Date of occurrence Jan 24 1948

(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

23. Signature Chas E Daugherty (M. D. or other)

Address 1300 Clark Avenue Date signed 1/28/48

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

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Guy A. Shelton Registered Apprentice No. 3, working under my personal supervision.

Signed Thos A Gates

Licensed Embalmer No. 4259

P. O. Address 4107 Finney Avenue

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.