

FILED JUN 7 1948

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County St. LouisRegistration District No. 318

Township

Primary Registration District No. 1003City St. Louis(No. Fourth Hospital)

17882

File No. 4958Registered No. 000St. 000 Ward 1792. FULL NAME William Louis Neff(a) Residence, No. Fourth Hospital St. 000 Ward 179(Usual place of abode) 4822 Highland - Vanick Park (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 9

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-30-48

7. AGE YEARS MONTHS DAYS If LESS than 1 day, . hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

FATHER
13. NAME Wayne Robert Neff14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Peoria, ILLMOTHER
15. MAIDEN NAME Jeanne Coxy16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Homan, Mo. Dakota17. INFORMANT (ADDRESS) Wayne Robert Neff
4822 Highland - Vanick Park18. BURIAL, CREMATION, OR REMOVAL PLACE Anatomical Board DATE MAY 31 194819. UNDERTAKER (ADDRESS) Rowland Mortuary Service
4104 Manchester Ave.20. FILED MAY 31 1948 J. F. Biedack Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) A-30-194822. I HEREBY CERTIFY, That I attended deceased from April 30, 1948, to April 30, 1948.

I last saw him alive on _____, 19____. Death is said

to have occurred on the date stated above, at 5:50 p.m.

The principal cause of death and related causes of importance were as follows:

Atelactasis of both lungs Date of onsetOther contributory causes of importance: Prematurity 8 mos.Name of operation Cesarian Date of _____What test confirmed diagnosis? autopsy Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) A. J. Signorelli M. D.(Address) 2801 N. Taylor

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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249-2-30-20