

S. No. 300
M-10-47
v. 5-17-39
I 3906

UNITED STATES DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **35158**
Registrar's No. **2018**

FILED OCT 23 1948

Registration District No. **317**

Primary Registration District No. **6076**

1. PLACE OF DEATH:
(a) County **St. Louis**
(b) City or town **Koch (rural)**
(c) Name of hospital or institution:
Robert Koch Hospital
(d) Length of stay: In hospital or institution **439 days**
In this community **16 years**

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **ooo**
(c) City or town **St. Louis**
(d) Street No. **3102 Lucas**
(e) Citizen of foreign country? **No**

3. (a) PRINT FULL NAME **MC NEAL, FRANK**

3. (b) If veteran, name war _____ 3. (c) Social Security No. **499-01-2706**

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

6. (b) Name of husband or wife **Willie Coleman McNeal** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **March 16 1906**

8. AGE: Years **42** Months **6** Days **20** If less than one day _____ hr. _____ min.

9. Birthplace **Ecru, Mississippi**

10. Usual occupation **Clothes Presser**

11. Industry or business _____

12. Name **Andy McNeal**

13. Birthplace **unk Mississippi**

14. Maiden name **Lula Hill**

15. Birthplace **unk Mississippi**

16. (a) Informant **Hospital Records**

(b) Address **Robert Koch Hospital**

17. (a) **burial** (b) Date thereof **10-11-1948**

(c) Place: burial or cremation: **Father Dickson Ceme**

18. (a) Signature of funeral director **J.H. Randle & Son**

(b) Address **3133 Bell Avenue**

19. (a) **10-8-48** (b) **Robert Koch Hospital**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **6** year **1948** hour **11** minute **30 P.** M.

21. I hereby certify that I attended the deceased from **7-25-47**, 19____, to **10-6-48**, 19____; that I last saw him alive on **10-6-48**, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death **Pulmonary Tuberculosis** Duration **1 1/2 yrs (????)**

Due to _____
Due to **138**

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy **Pulmonary Tuberculosis**

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? _____
(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 _____
Signature **John Niederwieser** (M. D. or other) **MD**
Address **Robert Koch Hospital** Date signed **10-7-48**

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 _____

Frederic Hale, Registered Apprentice No. 221
working under my personal supervision.

Signed Frederic J. Watson
Licensed Embalmer No. 2698
P. O. Address 2769 Chouteau

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.