

FILED MAY 20 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

175419  
State File No. 1218

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>DEPaul Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>4166 Lindell</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Jeannette</u> b. (Middle) <u>Hyslop</u> c. (Last) <u>Neel</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>May 10 - 1949</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>April 8 - 1865</u>
9. AGE (In years last birthday) <u>84</u>		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <u>Rochester, Minnesota</u>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <u>John Hyslop</u>		13b. MOTHER'S MAIDEN NAME <u>Lucy F. Kelly</u>	
14. NAME OF HUSBAND OR WIFE <u>John E. Neel.</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Janet Neel - 4166 Lindell</u>		ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arterio-sclerosis</u> ANTECEDENT CAUSES <u>Cerebral Angiopathy</u> <u>Myocardial Degeneration</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
INTERVAL BETWEEN ONSET AND DEATH <u>Oct - 48</u>			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>None done</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St. Louis</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>4222</u>	
22. I hereby certify that I attended the deceased from <u>October 1948</u> to <u>May 10 - 1949</u> , that I last saw the deceased alive on <u>5-10 - 1949</u> , and that death occurred at <u>6:25 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>J. W. Thompson D.M.D.</u>		23b. ADDRESS <u>4952 Maryland - St. Louis</u>	23c. DATE SIGNED <u>5-11-49</u>
24a. BURIAL / CREMATION / REMOVAL (Specify)	24b. DATE <u>May 13/49</u>	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) <u>Rochester, Minnesota</u>
DATE REC'D BY LOCAL REG. <u>MAY 11 1949</u>	REGISTRAR'S SIGNATURE <u>J. B. Sauter</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>C.R. Lupton &amp; Sons - 7233 Delmar Blvd</u>	

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

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed Clarence H. Murray

Signed .....  
Student Embalmer

Licensed Embalmer No. 4011

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.