

FILED JUL 5 1949

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **21489**
 Registrar's No. **5360**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1246 Amherst		d. STREET ADDRESS (If rural, give location) 1246 Amherst	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) Carl	b. (Middle) W.	c. (Last) Neidhart	Month June	Day 19	Year 1949

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 14, 1890	9. AGE (In years last birthday) 58	10. UNDER 1 YEAR 10	11. UNDER 12 HRS. 5	12. UNDER 12 MIN. 5
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Owner	10b. KIND OF BUSINESS OR INDUSTRY Triple A Laundry	11. BIRTHPLACE (State or foreign country) Hermann, Mo.	12. CITIZEN OF WHAT COUNTRY? O
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13a. FATHER'S NAME Fridolin Neidhart	13b. MOTHER'S MAIDEN NAME Euphemia Maulle	14. NAME OF HUSBAND OR WIFE Bonnie Neidhart
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War I	16. SOCIAL SECURITY NO. 492-10-7810	17. INFORMANT'S SIGNATURE OR NAME Bonnie Neidhart	ADDRESS 1246 Amherst
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Carcinoma of Bladder		INTERVAL BETWEEN ONSET AND DEATH 6 Months
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Bilateral Pyelonephritis, Non-calculus 20 years		

19a. DATE OF OPERATION 4-13-49	19b. MAJOR FINDINGS OF OPERATION Carcinoma of Bladder	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) 526
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR 181X
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22. I hereby certify that I attended the deceased from **3-30-49**, 19____, to **6-18-49**, 19____, that I last saw the deceased alive on **6-18-49**, 19____, and that death occurred at **1:00P** m., from the causes and on the date stated above.

23a. SIGNATURE [Signature]	(Degree or title) M.D.	23b. ADDRESS 607 N. Grand, St. Louis 3, Mo.	23c. DATE SIGNED 6-20-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6/22/49	24c. NAME OF CEMETERY OR CREMATORY Jefferson Barracks National Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis County Mo.
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DATE REC'D BY LOCAL REG. JUN 21 1949	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE [Signature]	ADDRESS 1225 Union
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUL 10 1949

SEP 23 1949

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.

Student
Student Embalmer

Signed _____

Frank J. Rand

Licensed Embalmer No. _____

29645

P. O. Address _____

Orlando, Fla.

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.