

FILED SEP 26 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29849

BIRTH NO. _____ REG. DIST. NO. 113 PRIMARY REG. DIST. NO. 4185 Registrar's No. 37

1. PLACE OF DEATH a. COUNTY Franklin		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Franklin	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Clair, Missouri		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Clair, Missouri	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) Fred August Neckerman b. (Middle) c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) 8-27-49
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 12-31-1874
9. AGE (In years last birthday) 74		IF UNDER 1 YEAR Months 7 Days 26	IF UNDER 24 HRS. Hours 26 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY Gas Station Att.	11. BIRTHPLACE (State or foreign country) Wisconsin
12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown	
14. NAME OF HUSBAND OR WIFE Deceased			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 494-10-6969	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lee Martin St. Clair, Missouri			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Cancer of Bladder INTERVAL BETWEEN ONSET AND DEATH 10/11	
ANTECEDENT CAUSES Morbid 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. Hemorrhage of Bladder 3/10/1	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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)			
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?			
22. I hereby certify that I attended the deceased from <u>8-27-49</u> to <u>8-27-49</u> , that I last saw the deceased alive on <u>8-27-49</u> , and the death occurred at <u>6:00</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) W.E. Mitchell M.D.		23b. ADDRESS St. Clair Mo	
23c. DATE SIGNED 8/28/49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8-29-49	
24c. NAME OF CEMETERY OR CREMATORY Odd Fellows		24d. LOCATION (City, town, or county) St. Clair, Missouri	
DATE REC'D BY LOCAL REG. 8-29-1949		REGISTRAR'S SIGNATURE L.J. Worthington	
5. FUNERAL DIRECTOR'S SIGNATURE Shirwood Kitchell		ADDRESS St. Clair Mo	

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

RECEIVED SEP 28 1949
District Health Officer No. 9
District File Number

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 C. Jesse Gahr
Licensed Embalmer No. 4486
P. O. Address Sh. Clair, Mo

Signed
Student Embalmer

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.