S. No. 300
V. 10.48

FILED SEP 20 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32048

State File No.

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 7843

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Creve Coeur,
d. STREET ADDRESS (If rural, give location): Spoede Road.

3. NAME OF DECEASED (Type or Print)
a. (First): FRITZ
b. (Middle): ALFRED
c. (Last): NEUHAUS ~~NEUBOUS~~.

4. DATE OF DEATH (Month) (Day) (Year): Sept. 9, 1949

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: JAN. 14, 1872
9. AGE (In years last birthday): 77 — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired; Mechanical engineer;
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Berlin, Germany.
12. CITIZEN OF WHAT COUNTRY?: Germany
13a. FATHER'S NAME: Karl Neuhaus.
13b. MOTHER'S MAIDEN NAME: Marie Hartwig.
14. NAME OF HUSBAND OR WIFE: LUCY ~~Nancy~~ LUCY BERTHA MOLL Neuhaus.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Mrs. Lucy B. Neuhaus., Creve Coeur, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death."

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchial Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypostastis — 3 days
DUE TO (c) Carcinoma of Prostate — 18 mon

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arterio-sclerosis — 10 years.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: none Done
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-19, 1948, *to* 9-9-, 1949; *that I last saw the deceased alive on* 9-9-, 1949, *and that death occurred at* 12:15 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE: J. B. Bear
(Degree or title): M.D.
23b. ADDRESS: 3720 Wash. Ave. St. Louis
23c. DATE SIGNED: 9-9-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9/10/49
24c. NAME OF CEMETERY OR CREMATORY: Bellefontaine Cemetery
24d. LOCATION (City, town, or county) (State): St. Louis, Mo.

DATE REC'D BY LOCAL REG.: SEP. 10 1949
REGISTRAR'S SIGNATURE: [signature]
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: C.R. Lupton & Sons; 7233 Delmar Blvd.,

(Licensed Embalmer's Statement on Reverse Side)

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.

Student .....
Student Embalmer

Signed Clarence H. Murray

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of ..... } ss.
County of ..... }

State File No. 320-48

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. ~~789~~ 7843

On this ..... day of ....., 194....., before me appears .....
....., who, upon ..... oath, states that the original record of ~~xxxx~~ death
for Fritz Alfred Neuhaus, ~~xxx~~ died 9-9-49, 19....., in the State of
Missouri, and which was filed at ..... on ....., 19....., should be corrected as follows:

Item No. 2 should read Fritz Alfred Neuhaus
Instead of Fritz Alfred Neubus

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Typographical Error.

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Wm. C. Ham Fun. direc
Relationship.

7233 Delmar Blvd
Present Address.

Subscribed and sworn to before me this 7th day of December, 1949.

My Commission expires 4/4/52. J. T. Lupton. Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

V. S. 135
1—8-43
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State of ..... } ss.
County of ..... }

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

AFFIDAVIT FOR CORRECTION OF A RECORD

State File No. 32048
Local Registrar's 7843

On this ..... day of ....., 194....., before me appears .....
....., who, upon ..... oath, states that the original record of birth/death
for Fritz Alfred Neuhaus, died/born 9-9-1949, 19....., in the State of
Missouri, and which was filed at ..... on ....., 19....., should be corrected as follows:

Item No. 14 should read Lucy Bertha Moll Neuhaus
Instead of Nancy Moll Neuhaus

Item No. 17 should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant William C. Ham. Fun. Dir.
Relationship.

7233 Delmar Blvd.
Present Address.

Subscribed and sworn to before me this 6 day of April, 1950

My Commission expires 3-4-53 Ella C. Gubbert Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

S. 135
8-43
X37817