

FILED JUL 1 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22271
Registrar's No. 1595

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3070

1. PLACE OF DEATH
a. COUNTY ST LOUIS
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN WEAVER GROVES
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION 50 N GORE AVE

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY ST LOUIS
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN GLENDALE 22 PL 51
d. STREET ADDRESS (If rural, give location) 904 BROWNELL AVE

3. NAME OF DECEASED
a. (First) GEORGE
b. (Middle) _____
c. (Last) NEFF JR

4. DATE OF DEATH (Month) (Day) (Year)
6 27 1950

5. SEX M
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED 1
8. DATE OF BIRTH 3-23-1900
9. AGE (In years last birthday) 50
IF UNDER 1 YEAR Months 3 Days 4
IF UNDER 4 HRS. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MECHANIC
10b. KIND OF BUSINESS OR INDUSTRY AUTOMOBILE
11. BIRTHPLACE (State or foreign country) ST LOUIS Mo
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME GEORGE NEFF SR
13b. MOTHER'S MAIDEN NAME LOUISE GUENTHER NEFF
14. NAME OF HUSBAND OR WIFE MATHILDA BROCKMAN NEFF

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. _____
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Mathilda Neff 904 Brownell Ave

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) Coronary thrombosis
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. Myocardial heart disease

INTERVAL BETWEEN ONSET AND DEATH 2 wks

19a. DATE OF OPERATION _____
19b. MAJOR FINDINGS OF OPERATION 420.1
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) _____
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 19th to June 27, 1950, that I last saw the deceased alive on June 27, 1950, and that death occurred at 6:15 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) E. J. Bellver M.D.
23b. ADDRESS 5320 Big Bend
23c. DATE SIGNED 6/27/50

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
24b. DATE 6-29-50
24c. NAME OF CEMETERY OR CREMATORY Oak Hill Cem.
24d. LOCATION (City, town, or county) (State) Kirkwood 22 Mo

DATE REC'D BY LOCAL REG. 6-28-50
REGISTRAR'S SIGNATURE Herbert R. Dombke
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS MITTELBERG FUNL HOME

4007

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

WEAVER GROVES 59 MO

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 me

working under my personal supervision.

Student Embalmer No.

Signed William S. Salton

Signed.....
Student Embalmer

Licensed Embalmer No. 14699

P. O. Address St. Charles 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.