

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25398

FILED AUG 14 1950

State File No. _____
Registrar's No. 6608

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003	
1. PLACE OF DEATH a. COUNTY _____			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Mo</i> b. COUNTY _____		
b. CITY (If outside corporate limits, write RURAL and give township) <i>St. Louis</i>		c. LENGTH OF STAY (in this place) _____	c. CITY (If outside corporate limits, write RURAL and give township) <i>St. Louis</i>		2069
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>5710 Lotus</i>			d. STREET ADDRESS (If rural, give location) <i>5710 Lotus</i>		
3. NAME OF DECEASED a. (First) <i>Elizabeth</i>		b. (Middle) <i>Neingaertner</i>	c. (Last) _____	4. DATE OF DEATH (Month) (Day) (Year) <i>Aug. 2, 1950</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Wh.</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>May 13, 1869</i>	9. AGE (In years last birthday) <i>81</i>	10. UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>at home</i>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTH PLACE (State or foreign country) <i>Germany</i>		4	12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>
13a. FATHER'S NAME <i>Berger</i>		13b. MOTHER'S MAIDEN NAME <i>Unknown</i>		14. NAME OF HUSBAND OR WIFE <i>Dana</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war and dates of service) _____		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Wm. Alice Morris 5710 Lotus</i>		
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) _____ ANTECEDENT CAUSES <i>Coronary Sclerosis</i> <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> <i>Arterio sclerosis</i> DUE TO (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH _____
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) _____
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>4001</i>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <i>6:00 P.</i> m., from the causes and on the date stated above.					
23a. SIGNATURE <i>Joseph M. Quinn</i>			23b. ADDRESS <i>1300 Clark</i>		23c. DATE SIGNED <i>8/13/50</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>Aug. 5 1950</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Cavalry Cem.</i>	24d. LOCATION (City, town, or county) (State) <i>St. Louis Mo.</i>		
DATE REC'D BY LOCAL REG. <i>AUG 3 1950</i>		REGISTRAR'S SIGNATURE <i>J. B. Foster</i>		GENERAL DIRECTOR'S SIGNATURE ADDRESS <i>Edw. J. Smart 1225 Union</i>	

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 Clement McNeary

Licensed Embalmer No. 3732

P. O. Address St. Louis

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.