

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28496

FILED SEP 9 1950

REG. DIST. NO.

318

PRIMARY REG. DIST. NO.

1003

Registrar's No. 7478

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis Mo		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES Hospital		15. STREET ADDRESS (If rural, give location) 5240 Dewey	
3. NAME OF DECEASED (Type or Print) a. (First) FRANK b. (Middle) August c. (Last) Neubauer		4. DATE OF DEATH (Month) (Day) (Year) 8-29-50	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 11 1892
9. AGE (In years last birthday) 58		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Inspector Union	11. BIRTHPLACE (State or foreign country) St. Louis Mo.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Inspector Union		10b. KIND OF BUSINESS OR INDUSTRY Electric	
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME Fred Neubaure	
13b. MOTHER'S MAIDEN NAME Catherine Bierman		14. NAME OF HUSBAND OR WIFE Elsie Neubauer	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) First World War		16. SOCIAL SECURITY NO. 493-05-2088	
17. INFORMANT'S SIGNATURE OR NAME Elsie Neubauer		ADDRESS 5240 Dewey	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic myelogenous Leukemia INTERVAL BETWEEN ONSET AND DEATH 15 mo 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.	
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT (Specify) SUICIDE	
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? 20 ft. 1		22. I hereby certify that I attended the deceased from 8-26 , 19 50 , to 8-29 , 19 50 , that I last saw the deceased alive on 8-29 , 19 50 , and that death occurred at 6:45 a. m. , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) F. R. Braden		23b. ADDRESS M.D. Barnes Hosp	
23c. DATE SIGNED 8/29/50		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 9-2-50		24c. NAME OF CEMETERY OR CREMATORY St. Paul Church Yard	
24d. LOCATION (City, town, or county) (State) St. Louis County		25. FUNERAL DIRECTOR'S SIGNATURE Wm. Schumacher	
DATE REC'D BY LOCAL REG. SEP 1 1950		REGISTRAR'S SIGNATURE J. B. Lasater	
25. FUNERAL DIRECTOR'S ADDRESS 3013 Meramec St.			

(Licensed Embalmer's Statement on Reverse Side)

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

NOV 27 1950

1155

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.....

working under my personal supervision.

Student Embalmer No.....

Signed Francis Williamson

Signed.....
Student Embalmer

Licensed Embalmer No. 3565

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.