

FILED NOV 17 1950

STANDARD CERTIFICATE OF DEATH

38868

State File No.

318

1003

9251

Registrar's No.

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|--|--|---|--|---|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. _____ | | PRIMARY REG. DIST. NO. _____ | | State File No. | |
| 1. PLACE OF DEATH a. COUNTY _____ | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY _____ | | | |
| b. CITY OR TOWN <u>St Louis</u> | | c. LENGTH OF STAY (in this place) _____ | | c. CITY OR TOWN <u>Imperial</u> | | d. STREET ADDRESS (If rural, give location) <u>0.500</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>DDA City Hospital</u> | | | | d. STREET ADDRESS _____ | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u> | | b. (Middle) <u>W</u> | | c. (Last) <u>Neumann</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>10 28 1950</u> | |
| 5. SEX <u>MALE</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED NEVER MARRIED, (WIDOWED) DIVORCED (Specify) <u>2</u> | | 8. DATE OF BIRTH <u>2-3-1877</u> | |
| 9. AGE (In years last birthday) <u>73</u> | | IF UNDER 1 YEAR Months _____ | | IF UNDER 1 DAY Days _____ | | IF UNDER 1 HOUR Hours _____ | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Engineer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Stationery</u> | | 11. BIRTHPLACE (State or foreign country) <u>Vallmeyer Ill</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> | |
| 13a. FATHER'S NAME <u>John Neumann</u> | | 13b. MOTHER'S MAIDEN NAME <u>Marie Arnold</u> | | 14. NAME OF HUSBAND OR WIFE _____ | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ | | 16. SOCIAL SECURITY NO. _____ | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ms J. S. Ruess Imperial</u> | | | |
| 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* (a) <u>Arteriosclerotic heart disease</u> INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive cardiovascular disease</u> CARDIORENAL <u>3 yrs</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs</u> | |
| 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? <u>WHX</u> | | | |
| 22. I hereby certify that I attended the deceased from <u>3-19-48</u> to <u>Oct.</u> , 19 <u>48</u> , that I last saw the deceased alive on <u>10-5-50</u> , and that death occurred at <u>2:15 PM</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>Raymond T. Martin MD</u> (Degree or title) | | | | 23b. ADDRESS <u>5303 Chippewa</u> | | 23c. DATE SIGNED <u>10-30-50</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | | 24b. DATE <u>10-31-1950</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>St Josephs</u> | | 24d. LOCATION (City, town, or county) (State) <u>Kimmswick MO</u> | |
| DATE REC'D BY LOCAL REG. <u>Oct 31 1950</u> | | REGISTRAR'S SIGNATURE <u>J. B. Kester</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Fred Heiligtag Kimmswick Mo</u> | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

JUN 20 1958

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.....

Signed.....
Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

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.