S. No. 300
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XO 227 681
Reg. 90722

FILED JAN 26 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3399

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 607 6 Registrar's No. 16

1. PLACE OF DEATH
a. COUNTY: ST. LOUIS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): JEFF. BRKS. MO.
c. LENGTH OF STAY (In this place): 13 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VET. ADM. HOSP.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. LOUIS 2177
d. STREET ADDRESS (If rural, give location): 1819 Longfellow 1

3. NAME OF DECEASED (Type or Print)
a. (First): CECIL
b. (Middle):
c. (Last): NEISZ

4. DATE OF DEATH (Month) (Day) (Year): 1/2/51

5. SEX: M 0

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced 3

8. DATE OF BIRTH: 6/26/95

9. AGE (In years last birthday): 55 yrs.
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): Agriculture

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Caldwell Co., Ky. 1

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: James Neisz

13b. MOTHER'S MAIDEN NAME: Charlotte Poe

14. NAME OF HUSBAND OR WIFE: None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): World I

16. SOCIAL SECURITY NO.: Unk.

17. INFORMANT'S SIGNATURE OR NAME: V. A. HOSPITAL RECORDS
ADDRESS:

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) CIRRHOSIS OF LIVER, EDIOLOGY UNKNOWN — INTERVAL BETWEEN ONSET AND DEATH

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. PULMONARY TUBERCULOSIS

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION: 5810A

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): NONE

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): V.A. 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* 12/21, 19 50, *to* 1/2, 19 51, ~~that I last saw the deceased alive on the 19xx~~, *and that death occurred at* 9:30 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): L. E. Stilwell M.D.

23b. ADDRESS: V. A. HOSP. JEFF. BRKS. MO.

23c. DATE SIGNED: 1-3-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 0

24b. DATE: 1-5-51

24c. NAME OF CEMETERY OR CREMATORY: NATIONAL CEMETERY

24d. LOCATION (City, town, or county) (State): JEFFERSON BARRACKS, MO.

DATE REC'D BY LOCAL REG.: 1/4/51

REGISTRAR'S SIGNATURE: Hubert R. Donke MD

25. FUNERAL DIRECTOR'S SIGNATURE: C. HOFFMEISTER U&L CO.
ADDRESS: St. Louis, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

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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 Harry J. Schumacher

Licensed Embalmer No. 2679

P. O. Address 7814 S. Bway —

Signed.....
Student Embalmer

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.