

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25066
State File No. 6103
Registrar's No.

FILED JUL 26 1951

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE		b. COUNTY	
b. CITY OR TOWN ST. LOUIS		c. CITY OR TOWN ST. LOUIS		2179	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2823 ST. VINCENT		17. STREET ADDRESS 2823 ST. VINCENT AV			
3. NAME OF DECEASED (Type or Print) a. (First) LOUISA b. (Middle) NEUHOFF c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) JULY 8 - 1951			
5. SEX FE	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) SINGLE 0	8. DATE OF BIRTH Oct 25-1853	9. AGE (In years last birthday) 97 YRS.	10. IF UNDER 1 YEAR Months Days 1
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NIL		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) BELLEVILLE ILLINOIS	12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME GEORGE L. NEUHOFF		13b. MOTHER'S MAIDEN NAME MARY KNOBEL		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 Ralph Neuhoff	
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>Arterio. Sclerosis Heart Disease</u> ANTECEDENT CAUSES <u>Coronary Sclerosis</u> DUE TO (b) <u>Senility</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 1 Hour	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) St Louis Mo	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? H202	
22. I hereby certify that I attended the deceased from <u>Jan 14, 1951</u> , to <u>7-8</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>7-8</u> , 19 <u>51</u> , and that death occurred at <u>6:34</u> m., from the causes and on the date stated above.					
23a. SIGNATURE <u>J. B. Luster</u>		23b. ADDRESS 1931 Marconi		23c. DATE SIGNED 7-9-51	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE JULY 10-51		24c. NAME OF CEMETERY OR CREMATORY VALHALLA Crematory	
24d. LOCATION (City, town, or county) (State) St. Louis Mo		25. FUNERAL DIRECTOR'S SIGNATURE E. J. Schurer		ADDRESS 8125 Lafayette Ave	
DATE REC'D BY LOCAL REG. JUL 9 1951		REGISTRAR'S SIGNATURE J. B. Luster			

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.....
Student Embalmer

Signed.....

Just B. Vallmer

Licensed Embalmer No. *41014*

P. O. Address *3125 Lafayette St*

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.