

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18278

State File No.

FILED MAY 19 1952

318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 4115

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____ Registrar's No. _____

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		c. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2821, STODDARD ST.		d. STREET ADDRESS (If rural, give location) 2821, STODDARD ST.	
3. NAME OF DECEASED a. (First) ISAAC		b. (Middle) Mo	
c. (Last) NEAL		4. DATE OF DEATH (Month) (Day) (Year) 4 - 29 - 1952	
5. SEX MALE	6. COLOR OR RACE COL.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH II - 27 - 1897
9. AGE (In years last birthday) 54	IF UNDER 1 YEAR Months 5	IF UNDER 1 YEAR Days 2	IF UNDER 1 HRS. Hours 2
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Preacher	10b. KIND OF BUSINESS OR INDUSTRY A. M. E. Met. CHURCH	11. BIRTHPLACE (State or foreign country) FAYETT COUNTY TENN.	12. CITIZEN OF WHAT COUNTRY? U.S.A
13a. FATHER'S NAME FRANK McNEAL	13b. MOTHER'S MAIDEN NAME MERENDA JONES	14. NAME OF HUSBAND OR WIFE	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO NONE	16. SOCIAL SECURITY NO. ?	17. INFORMANT'S SIGNATURE OR NAME Pattie Bowers	ADDRESS 2821, STODDARD ST.
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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) Acute Insufficiency 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.		INTERVAL BETWEEN ONSET AND DEATH 2 months
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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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 421.1

22. I hereby certify that I attended the deceased from **April 1st, 1952**, to **April 29th, 1952**, that I last saw the deceased alive on **April 29th, 1952**, and that death occurred at **10:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE James J. Aldrich	(Degree or title)	23b. ADDRESS 2607 1/2 Franklin Ave	23c. DATE SIGNED 4-30-52
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 5/5/52	24c. NAME OF CEMETERY OR CREMATORY GREENWOOD CEMETERY	24d. LOCATION (City, town, or county) (State) ST. LOUIS MISSOURI
DATE REC'D BY LOCAL REG. MAY 2 1952	REGISTRAR'S SIGNATURE J. Carl Smith	25. FUNERAL DIRECTOR'S SIGNATURE John H. Houston	ADDRESS 2829 WASHINGTON BLVD.

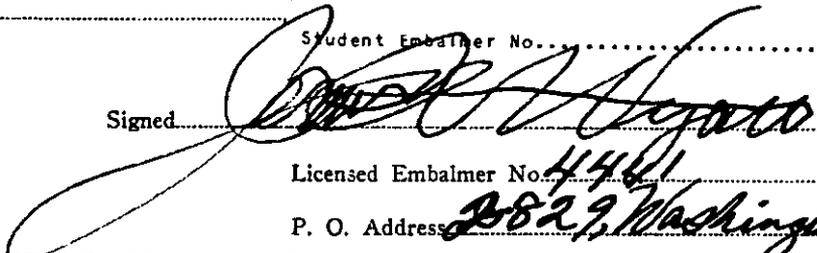
(Licensed Embalmer - Statement on Reverse Side)

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 _____
working under my personal supervision.

Signed.....
Student Embalmer

Signed .....
Student Embalmer No.....

Licensed Embalmer No. 4421
P. O. Address 2829 Washington

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.