

22328

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

S. No. 300

v. 10.48

LED JUN 27 1952  
BIRTH NO. 72436

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5068

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 Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis 2049	
d. FULL NAME OF HOSPITAL OR INSTITUTION DePaul Hospital		d. STREET ADDRESS (If rural, give location) 4 1126 Louisville Av	
3. NAME OF DECEASED (Type or Print) a. (First) Donna b. (Middle) G c. (Last) McNeely		4. DATE OF DEATH (Month) (Day) (Year) June 27 1952	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Sept 27 1951
9. AGE (In years last birthday)		10. UNDER 1 YEAR Months 8	11. UNDER 4 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and State or Foreign Country) St Louis M, ssouri
12. CITIZEN OF WHAT COUNTRY? U S		13a. FATHER'S NAME Earl McNeely	
13b. MOTHER'S MAIDEN NAME Georgia 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)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME Georgia Jones		ADDRESS 1126 Louisville Av	
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) <i>Congenital heart</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Bacterial Pneumonia</i> 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		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		7544	
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? 4	
22. I hereby certify that I attended the deceased from 3-31, 1952, to 6-2, 1952, that I last saw the deceased alive on 6-2, 1952, and that death occurred at 6 P. m., from the causes and on the date stated above.			
23a. SIGNATURE <i>[Signature]</i>		23b. ADDRESS 37 20 Washington	
23c. DATE SIGNED 6/3/52		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 6/5/52		24c. NAME OF CEMETERY OR CREMATORY National Cemetery	
24d. LOCATION (City, town, or county) (State) Jefferson Brks Missouri		25. FUNERAL DIRECTOR'S SIGNATURE Moydell Funeral Home	
25. ADDRESS 1926 Allen Av		DATE REC'D BY LOCAL REG. JUN 3 1952	
REGISTRAR'S SIGNATURE <i>[Signature]</i>		25. ADDRESS Moydell Funeral Home 1926 Allen Av	

(Licensed Embalmer's Statement on Reverse Side)

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 MR

..... Student Embalmer No. ....  
working under my personal supervision.

Student .....  
Student Embalmer

Signed Dale A. Stannan

Licensed Embalmer No. 4533

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.