

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22329

No. 300
10-48

FILED JUN 27 1952

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5216

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 2119	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) 4348 th Page one	
d. FULL NAME OF HOSPITAL OR INSTITUTION IN BROUGHT TO HOSPT			
3. NAME OF DECEASED (Type or Print) a. (First) RICHARD		b. (Middle) E	c. (Last) MCNEESE
4. DATE OF DEATH (Month) (Day) (Year) 6 4 52	5. SEX M	6. COLOR OR RACE C	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED
8. DATE OF BIRTH 11-3-87	9. AGE (In years last birthday) 64	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11. BIRTHPLACE (City and State or Foreign Country) JACKSON TENN
12. CITIZEN OF WHAT COUNTRY? 4338	13a. FATHER'S NAME UNK	13b. MOTHER'S MAIDEN NAME UNK	14. NAME OF HUSBAND OR WIFE FRANCIS McNeese

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes	16. SOCIAL SECURITY NO. 4	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Francis McNeese 4348 th Page one	
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		ANTECEDENT CAUSES		
DUE TO (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) Pulmonary Edema		
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.		Cardiac Hypertrophy

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY YES <input checked="" 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)
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? 4342

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 9:02 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Daniel E. Taylor, Coroner	23b. ADDRESS 1300 Clark	23c. DATE SIGNED 6.5.52
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE June-8-52	24c. NAME OF CEMETERY OR CREMATORY WASHINGTON PARK
24d. LOCATION (City, town, or county) (State) St. Louis County	DATE REC'D BY LOCAL REG. JUN 7 1952	REGISTRAR'S SIGNATURE J. Earl Smith, M.D.
FUNERAL DIRECTOR'S SIGNATURE R. F. Walton	ADDRESS 2707 Stoddard	

G.P. (Licensed Embalmer's 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Arthur L. Heilford

Licensed Embalmer No. 4221

P. O. Address 4524 Aldene

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.