

FILED SEP 16 1954

STANDARD CERTIFICATE OF DEATH

32062

State File No. 7917

No. 300 10.48

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 7917

1. PLACE OF DEATH a. COUNTY b. CITY OR TOWN St. Louis c. LENGTH OF STAY d. FULL NAME OF HOSPITAL OR INSTITUTION 5740 Kingsbury 2. USUAL RESIDENCE a. STATE MO. b. COUNTY c. CITY OR TOWN St. Louis d. Is Residence within limits of a city or incorporated town? Yes No 3. NAME OF DECEASED a. (First) Werner b. (Middle) c. (Last) Neeter 4. DATE OF DEATH Aug. 25, 1954 5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married 8. DATE OF BIRTH Nov. 26-1911 9. AGE (In years) 42 10. USUAL OCCUPATION Salesman 10b. KIND OF BUSINESS OR INDUSTRY Jewelry 11. BIRTHPLACE Stuttgart Germany 12. CITIZEN OF WHAT COUNTRY? U.S.A. 13a. FATHER'S NAME Philip Neeter 13b. MOTHER'S MAIDEN NAME Carrie Baer 14. NAME OF HUSBAND OR WIFE Irene M. Neeter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes World War 2 16. SOCIAL SECURITY NO. 500-26-2542 17. INFORMANT'S SIGNATURE OR NAME Mrs. Irene M. Neeter-5740 Kingsbury ADDRESS

18. CAUSE OF DEATH I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) History of previous attack in 1944 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 10 yrs.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO 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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR 4201

22. I hereby certify that I attended the deceased from Feb. 21, 1953, to Aug. 25, 1954, that I last saw the deceased alive on Aug. 25, 1953, and that death occurred at 7:15 p.m., from the causes and on the date stated above.

23a. SIGNATURE Jerome Fineman (Degree or title) M.D. 23b. ADDRESS 3720 Washington 23c. DATE SIGNED 8-26-54

24a. BURIAL, CREMATION, REMOVAL Removal 24b. DATE Aug. 27-1954 24c. NAME OF CEMETERY OR CREMATORY Mt. Olive Cemetery 24d. LOCATION (City, town, or county) (State) St. Louis County Mo.

DATE REC'D BY LOCAL REG. AUG 27 1954 REGISTRAR'S SIGNATURE J. Carl Smith, M.D. 25. FUNERAL DIRECTOR'S SIGNATURE Herman Rindskopf Inc.-5216 Delmar Bl. ADDRESS

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

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

Student.....
Signature of Student Embalmer

Signed *John Ketter*.....

Licensed Embalmer No... 388

P. O. Address

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.