

FILED MAR 1 1955

STANDARD CERTIFICATE OF DEATH

State File No. 6702

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 339

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Clayton</b>		c. CITY OR TOWN <b>Clayton</b> <b>4442</b>	
c. LENGTH OF STAY (In this place) <b>55 yrs</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <b>221 S. Bemiston Ave. /</b>		e. STREET ADDRESS (If rural, give location) <b>221 S. Bemiston Ave.</b>	

3. NAME OF DECEASED (Type or Print) <b>JAMES</b>	a. (First)	b. (Middle) <b>P.</b>	c. (Last) <b>NEAF</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Feb. 7, 1955</b>
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5. SEX <b>Male 0</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>May 16, 1899</b>	9. AGE (In years last birthday) <b>55</b>	IF UNDER 1 YEAR Months <b>8</b>	IF UNDER 4 HRS. Days <b>21</b>	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Police Officer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Clayton Police Dept.</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Clayton, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>John M. Neaf</b>	13b. MOTHER'S MAIDEN NAME <b>Ellen Flynn</b>	14. NAME OF HUSBAND OR WIFE <b>Mildred Neaf</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowns) <b>No</b>	16. SOCIAL SECURITY (If yes, give war or dates of service) <b>493-36277</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mildred Neaf, 221 S. Bemiston, Clayton, MO</b>	ADDRESS
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute Myocardial Infarction due to Coronary Arteriosclerosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>one hr</b>
	ANTECEDENT CAUSES <b>Coronary Arteriosclerotic Heart Disease</b>		
	DUE TO (b) <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b>		
II. OTHER SIGNIFICANT CONDITIONS <b>Conditions contributing to the death but not related to the disease or condition causing death.</b>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **April 1, 1953**, to **Feb. 7, 1955**, that I last saw the deceased alive on **Feb. 7, 1955**, and that death occurred at **11:15 p.m.** from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i>	(Degree or title) <b>M.D.</b>	23b. ADDRESS <b>634 N. Grand Blvd.</b>	23c. DATE SIGNED <b>2-9-55</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>2/10/55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>2-9-55</b>	REGISTRAR'S SIGNATURE <b>Herbert R. Dombke M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Louis H. Bopp, Inc.</b>	ADDRESS <b>Highwood</b>
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52W

(Licensed Embalmer's Statement on Reverse Side)

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

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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..... *Felix Howard*

Licensed Embalmer No. *307*

P. O. Address *The Grove*

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.