

Health, Welfare, Public Service

300 1-56

Director, Coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

FILED SEP 26 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32294
STATE FILE NUMBER 8225

Registration District No. 318 Primary Registration District No. 1003 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, give TOWNSHIP only) St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) Route City Hospital			Length of stay in lb DOA		d. STREET ADDRESS (If outside, give location) 3641 Bates Ave.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) Doyle Neff				4. DATE OF DEATH Sept. 4, 1956			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH April 26, 1925		9. AGE (In years last birthday) 31	IF UNDER 1 YEAR Months Days Hours Min
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Driver		10b. KIND OF BUSINESS OR INDUSTRY Trucking Co.		11. BIRTHPLACE (City and state or country) Wayne City, Ill.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME Earl Neff				14. MOTHER'S MAIDEN NAME Eva Warren			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes WW II		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT Address George Neff, 3641 Bates Ave.			
18. CAUSE OF DEATH [Enter only one cause per line for (a); (b); and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE Fracture of Skull. Brain Injury. suffered when struck by car operated by Herbert H. Bates, which left scene in front of apartment 2106 S. 18th Roadway, about 4:07 p.m. September 4th 1956. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 2106 S. 18th Roadway, about 4:07 p.m. September 4th 1956.							INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input checked="" type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) aided and gashed by auto.				
20c. TIME OF INJURY 4:07 p.m.		Hour Month, Day, Year 9 4 56		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Street			
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Street		20g. CITY, TOWN, OR LOCATION St. Louis Mo		COUNTY STATE	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at 4:23 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Patrick J. Taylor Coroner				22b. ADDRESS 1300 Clark		22c. DATE SIGNED 9-5-56	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 9-5-56	23c. NAME OF CEMETERY OR CREMATORY Thomason Cemetery		23d. LOCATION (City, town, or county) (State) Wayne City, Ill.		
24. FUNERAL DIRECTOR ADDRESS Albert H. Hoppe, 4700 Washington				25. DATE RECD. BY LOCAL REG. SEP 5 1956		26. REGISTRAR'S SIGNATURE Paul Smith MD	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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..... *G. W. Wilkins*

Licensed Embalmer No. *3*

P. O. Address *M. Coe*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.