

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29831

State File No. _____

7016

1003

Registrar's No. _____

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. _____

1. PLACE OF DEATH
a. COUNTY _____

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **MISSOURI** b. COUNTY **ST. FRANCIS**

b. CITY (If outside corporate limits, write RURAL and give township)
ST. LOUIS

c. LENGTH OF STAY (in this place)
2 MONTHS

c. CITY OR TOWN
LEADWOOD

d. Is Residence within limits of a city or incorporated town?
Yes No

d. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION
24 ST. LOUIS CHILDREN'S HOSPITAL 31

STREET ADDRESS (If rural, give location)
GENERAL DELIVERY 0940

3. NAME OF DECEASED (Type or Print)
a. (First) **CARLYN**

b. (Middle) **ELI**

c. (Last) **NEEL**

4. DATE OF DEATH (Month) (Day) (Year)
July 26, 1957

5. SEX
MALE

6. COLOR OR RACE
WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
NEVER MARRIED

8. DATE OF BIRTH
July 6, 1955

9. AGE (in years, last birthday) (Months) (Days) (Hours) (Min.)
2-yr

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, MISSOURI

12. CITIZEN OF WHAT COUNTRY?
U.S.A.

13a. FATHER'S NAME
PAUL EUGENE

13b. MOTHER'S MAIDEN NAME
KAY HUGHES

14. NAME OF HUSBAND OR WIFE
NONE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.
NONE

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
JANE HENRICHSEN 500 S. KING HIGHWAY ST. LOUIS, MO.

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
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Ventriculitis + meningitis**

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) **Obstructive hydrocephalus**
DUE TO (c) **Past-measles meningoencephalitis**

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
0850

INTERVAL BETWEEN ONSET AND DEATH
1 1/2 mo.
1 yr.
1-yr.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
SA

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) (m.)

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **5-7-1957** to **7-26-1957**, that I last saw the deceased alive on **7-26-1957**, and that death occurred at **6:38 m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)
D.S. Thurston M.D.

23b. ADDRESS
500 S King Highway

23c. DATE SIGNED
July 26, 57

24a. BURIAL, CREMATION, REMOVAL (Specify)
Removal

24b. DATE
7-27-57

24c. NAME OF CEMETERY OR CREMATORY
Local

24d. LOCATION (City, town, or county) (State)
Flat River, Missouri

DATE REC'D BY LOCAL REG.
JUL 27 57

REGISTRAR'S SIGNATURE
J. Earl Smith - MD
acm

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
Albert H. Hoppe, 4700 Washington Blvd.,

WRITE PLAINLY—USING UNFADEING 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.....
Signature of Student Embalmer

Signed..... **NO EMBALM** *Henry D. D.*
Licensed Embalmer No.....

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.