

Health, & Welfare
S. Public
th Services

S. 300
v. 1-56

Doctor, 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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED NOV 27 1957

STANDARD CERTIFICATE OF DEATH

42403
STATE FILE NUMBER
11064

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) OR TOWN St. Louis, Missouri		Inside Limits Yes <input 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) HOSPITAL OR INSTITUTION BARNES HOSPITAL		Length of stay in lb 1 day		STREET ADDRESS 8405 Michigan		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First CHARLES Middle J. Last NEUBAUER				4. DATE OF DEATH Month November Day 17 , Year 1957			
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Feb. 8, 1899		9. AGE (In years last birthday) 58	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10b. KIND OF BUSINESS OR INDUSTRY Al Neubauer		11. BIRTHPLACE (City and state or country) St. Louis Co. Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Charles C Neubauer				14. MOTHER'S MAIDEN NAME Mary Ahn Houston			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give unit or dates of service) No		16. SOCIAL SECURITY NO. 120012712		17. INFORMANT Address Hattie Neubauer, 8405 Michigan			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Metastatic carcinoma, primary site undetermined DUE TO (b) _____ DUE TO (c) _____ Conditio... which have... about... (a)... finding... under-lying... cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 199.9							INTERVAL BETWEEN ONSET AND DEATH 3 months
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from 10/11/57 to 11/17/57 and last saw him alive on 11/17/57 Death occurred at 6:20 a.m. m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) H. D. Brudley M. D.				22b. ADDRESS BARNES HOSPITAL		22c. DATE SIGNED 11/17/57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 11/20/57	23c. NAME OF CEMETERY OR CREMATORY Mt. Olive Cem.		23d. LOCATION (City, town, or county) (State) Lemay Mo.		
24. FUNERAL DIRECTOR ADDRESS Fendler Und. Co. 7420 Michigan				25. DATE RECD. BY LOCAL REG. NOV 19 57		26. REGISTRAR'S SIGNATURE J. Earl Smith, M.D. S.O.	

MISSOURI

X

St. Louis

8402 Michigan

1 DAY

Feb. 8, 1899

X

W

M

USA

St. Louis Co. Mo.

AI Embalmer

Completed

Mary Ann Houston

Charles C. Newbarr

Hattie Newbarr, 8402 Michigan

None

No

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 *W. G. Peterson*

Licensed Embalmer No. 376

P. O. Address 7420 Mich

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.

Embalmer and Co. 230 W. 13th