URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

59-030671

FILED VS SEP 1 1959

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 2 7581

STATE FILE NUMBER

ENDED

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 | Length of stay in 1b

c. CITY OR TOWN St. Louis | Inside Limits Yes ☐ No ☒

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 5349 SUNSHINE DRIVE | Inside Limits Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) 5349 Sunshine Drive | Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: William Middle: F. Last: Neyer

4. DATE OF DEATH Month, Day, Year: August 14, 1959

5. SEX: Male

6. COLOR OR RACE: Caucasian

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH: 3/28/1874

9. AGE (last birthday): 85 | IF UNDER 1 YEAR Months, Days | IF UNDER 24 HR Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired

10b. KIND OF BUSINESS OR INDUSTRY: book binder

11. BIRTHPLACE (City and state or country): St. Louis, Missouri

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Conrad Neyer

13b. MOTHER'S MAIDEN NAME: Barbara Uebel

14. NAME OF HUSBAND OR WIFE: Olga E. Neyer (deceased)

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

16. SOCIAL SECURITY NO.: 488-01-5917

17. INFORMANT: Raymond L. Neyer, 2925 Meramac, St. Louis Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH: 1-2 yrs

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Pancreatic carcinoma — 2 yrs

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 1957, to Aug 14, 1959 and last saw her/him alive on July 20, 1959

Death occurred at 1:20 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [illegible] (Degree or title) MD

22b. ADDRESS 634 No Grand

22c. DATE SIGNED 8/15/59

BY AFFIDAVIT OF

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal

23b. DATE 8/17/1959

23c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park

23d. LOCATION (City, town, or county) St. Louis County, Missouri (State)

24. FUNERAL DIRECTOR Hoffmeister Colonial Mortuary ADDRESS 6464 Chippewa St., St. Louis, Mo.

25. DATE REC'D BY LOCAL REG. AUG 15 59

26. REGISTRAR'S SIGNATURE Karl Smith, M.D. H.T.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Bill C. Branson

Signature of Student Embalmer

Licensed Embalmer No. 4762

P. O. Address St Louis

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