

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-023555

STATE FILE NUMBER

Registration District No. 3167 Primary Registration District No. 547 Registrar's No. 1697

1. PLACE OF DEATH
 a. COUNTY Mo
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Richmond Hgts Length of stay in 1b 20 Days
 c. CITY OR TOWN St Louis Mo Inside Limits Yes No
 d. STREET ADDRESS 3852 Lafayette Ave (If outside, give location) Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Frank Middle G Last Neal
 4. DATE OF DEATH Month 6 Day 17 Year 61

5. SEX Male 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced
 8. DATE OF BIRTH 10-12-1876 9. AGE (last birthday) 84 IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) Retired Manager
 10b. KIND OF BUSINESS OR INDUSTRY American Car
 11. BIRTHPLACE (City and state or country) Fayette Mo
 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Clarence S. Neal 13b. MOTHER'S MAIDEN NAME Elizabeth J. Brown 14. NAME OF HUSBAND OR WIFE Nellie Neal 3852 Lafayette

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) 16. SOCIAL SECURITY NO. 17. INFORMANT Address Mrs Nellie Neal 3852 Lafayette Ave

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Malnutrition INTERVAL BETWEEN ONSET AND DEATH 1 wk
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Acute Myelocytic Leukemia 3 wks
 DUE TO (c) Cerebral Arteriosclerosis, Marked ?

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 204.3 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 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 8-12-60 to 6-17-61 and last saw him alive on 6-17-61
 Death occurred at St. Mary's Hosp. p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [Signature] (Degree or title) 22b. ADDRESS 22c. DATE SIGNED 6/19/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 6-20-1961 23c. NAME OF CEMETERY OR CREMATORY Resurrection 23d. LOCATION (City, town, or county) St. Louis County (State)

24. FUNERAL DIRECTOR Arthur J. Donnelly ADDRESS 3840 Lindell Blvd 25. DATE RECD. BY LOCAL REG. 6-19-61 26. REGISTRAR'S SIGNATURE [Signature]

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

950 Francisco St.
10-1 pm
5.30-7 pm

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 *[Handwritten Signature]*

Licensed Embalmer No. 4699
P. O. Address 3840 Linden

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.