

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=63-017922

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **4542**

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED MAY 2 1963

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

SHOULD READ

ITEM NO.

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

| | | | |
|--|---|--|--|
| 1. PLACE OF DEATH a. COUNTY Missouri | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis | | c. CITY OR TOWN Kirkwood | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Johns Hospital | | d. STREET ADDRESS (If outside, give location) 11692 Manchester Road | |
| 3. NAME OF DECEASED (Type or print) First Middle Last ANDREW WALKER McNEILEY | | 4. DATE OF DEATH Month Day Year April 23 1963 | |
| 5. SEX male | 6. COLOR OR RACE white | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 9-15-1878 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired-live stock commission | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country) St. Louis, Missouri |
| 12. CITIZEN OF WHAT COUNTRY USA | | 13a. FATHER'S NAME Jacob McNeiley | |
| 13b. MOTHER'S MAIDEN NAME Naomi Walker | | 14. NAME OF HUSBAND OR WIFE Nyde P. McNeiley | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) no | | 16. SOCIAL SECURITY NO. 4 Taylor Estates | |
| 17. INFORMANT Andrew W. McNeiley, Jr., Kirkwood, Mo | | 18. CAUSE OF DEATH (Enter only one cause per item for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchopneumonia, bil. INTERVAL BETWEEN ONSET AND DEATH: 1 week DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Diagnosed generalized arteriosclerosis | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
| 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.) 491x | |
| 20c. TIME OF INJURY Hour s.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 1958 to 4-23-63 and last saw him alive on 4-23-63 Death occurred at 5:50 pm on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) W. E. K. [Signature] | | 22b. ADDRESS 950 Francis Pl (5) | |
| 22c. DATE SIGNED 4-25-63 | | 23a. BURIAL, CREMATION, REMOVAL (Specify) removal | |
| 23b. DATE 4-26, 1963 | | 23c. NAME OF CEMETERY OR CREMATORY local | |
| 23d. LOCATION (City, town, or county) (State) Wright City, Missouri | | 24. FUNERAL DIRECTOR ADDRESS Lupton Chapel, Inc. - 7233 Delmar Blvd. | |
| 25. DATE RECD. BY LOCAL REG. APR 25 1963 | | 26. REGISTRAR'S SIGNATURE Paul Smith, M.D. | |

pre-embled
City Dr. Wm Kistner
950 Francis Place
PA 6-3422

Francis 1-5 P.M.

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 *Arnold W. Schoene*

Licensed Embalmer No. 3864

P. O. Address St. Louis, Mo.

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.