

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-030335

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **7321** STATE FILE NUMBER

FILED JUL 19 1963

1. PLACE OF DEATH
 a. COUNTY
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **St. Louis**
 Length of stay in 1b **D.O.A.**
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **City Hospital**
 Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE **Mo.** b. COUNTY
 c. CITY OR TOWN **St. Louis** Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) **4943 McPherson Ave.** Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last **Miss BONELA AGNES Neinhart EDHART**
 4. DATE OF DEATH Month Day Year **July 13, 1963**

5. SEX **Female** 6. COLOR OR RACE **White** 7. Married Never Married Widowed Divorced
 8. DATE OF BIRTH **8/5/99** 9. AGE (last birthday) **63** 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) **Proprietor**
 10b. KIND OF BUSINESS OR INDUSTRY **Laundry** 11. BIRTHPLACE (City and state or country) **St. Louis Mo.** 12. CITIZEN OF WHAT COUNTRY **USA**

13a. FATHER'S NAME **James Gilson** 13b. MOTHER'S MAIDEN NAME **Agnes Cash** 14. NAME OF HUSBAND OR WIFE **Carl W. Neidhart**

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. **[REDACTED]** 17. INFORMANT **Edward A. Neidhart** Address **10218 Quaker Dr.**

18. CAUSE OF DEATH (Enter only one cause per line)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) **ASHD & INTRACTABLE CONGESTIVE**
 DUE TO (b) **Heart Failure of Acute & Chronic**
 DUE TO (c) **duration; Chronic Bronchitis**
 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)
 PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown **4200**

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 **4200**

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 **St. Louis** COUNTY **Mo.** STATE **Mo.**

21. I attended the deceased from **8/1962** to **7/18/63** and last saw her/him alive on **7/3/63**
 Death occurred at **6 p.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **Henry L. Ragier, M.D.** 22b. ADDRESS **4567 Laclède** 22c. DATE SIGNED **7/15/63**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 23b. DATE **7/17/63** 23c. NAME OF CEMETERY OR CREMATORY **National Cemetery** 23d. LOCATION (City, town, or county) (State) **Jefferson Barracks Mo.**

24. FUNERAL DIRECTOR **Cullen & Kelly** ADDRESS **7267 Natural Bridge** 25. DATE RECD. BY LOCAL REG. **JUL 16 1963** 26. REGISTRAR'S SIGNATURE **Loard Smith, M.D.**

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

1
2 **2/29**
3
4 **1**
5 **9**
6
7 **0**
8 **9**
9
10
11
12 **1292-0**
13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

91

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

James A. Lammers

Licensed Embalmer No.

4142

P. O. Address

St. Louis

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.