MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

63-030336

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7181 STATE FILE NUMBER

FILED JUL 19 1963

DO NOT WRITE ON THIS STUB | AMENDED

VS 300 Rev. 4/59

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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St Louis 15 — Length of stay in 1b

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Christian Hospital — Inside Limits Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo b. COUNTY: St Louis

c. CITY OR TOWN: Berkeley 30 — Inside Limits Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location): 5837 Dowling — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Russell Middle Joseph Last Neithardt

4. DATE OF DEATH: Month June Day 26 Year 1963

5. SEX: Male

6. COLOR OR RACE: White

7. Married ☐ Widowed ☐ Never Married ☒ Divorced ☐

8. DATE OF BIRTH: June 26 1963

9. AGE (last birthday) — IF UNDER 1 YEAR: Months Days — IF UNDER 24 HR: Hours 2 Min. 4

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

10b. KIND OF BUSINESS OR INDUSTRY

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

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Richard Neithardt

13b. MOTHER'S MAIDEN NAME: Shirley Reich

14. NAME OF HUSBAND OR WIFE

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

16. SOCIAL SECURITY NO.

17. INFORMANT: Shirley Neithardt — Address: 5837 Dowling

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): Prematurity — INTERVAL BETWEEN ONSET AND DEATH: 2 hrs 4 min

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

DUE TO (b)

DUE TO (c) 776 x

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 6/26/63, to 6/26/63 and last saw her/him alive on 6/26/63

Death occurred at 5:25 pm. June 26 1963 m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): M. D. Bishop MD

22b. ADDRESS: 751 St Francois, Florissant Mo

22c. DATE SIGNED: 6/28/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE: 7-31-63

23c. NAME OF CEMETERY OR CREMATORY: Anatomical Board

23d. LOCATION (City, town, or county) (State): St. Louis, Mo.

24. FUNERAL DIRECTOR: Ogden — ADDRESS: 4106 Manchester

25. DATE RECD. BY LOCAL REG.: JUL 11 1963

26. REGISTRAR'S SIGNATURE: Karl Smith, M.D.

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_____ Signed_____
Signature of Student Embalmer

Licensed Embalmer No._____

P. O. Address_____

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.