

S. No. 2
DM-5-43
v. 5-17-39
I X36871

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34674**
Registrar's No. **1420**

Registration District No. **317** Primary Registration District No. **6076**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County **St. Louis,**
(b) City or town **Affton**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
9324 Rambler Drive /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. (Specify whether
In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **St. Louis,**
(c) City or town **Affton**
(If outside city or town limits, write "RURAL")
(d) Street No. **9324 Rambler Drive**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Mary Elizabeth Neumeier**
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Oct.** day **17th**
year **1945** hour **7** minute **20 A.M.**
21. I hereby certify that I attended the deceased from **8/27/1945**
10/17/45 to **10/17**, 19**45**
that I last saw her alive on _____ and that death occurred on the date and hour stated above.

4. Sex **Female** / 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **William Neumeier**
6. (c) Age of husband or wife if alive **75** years
7. Birth date of deceased **May 29 1870**
(Month) (Day) (Year)

Immediate cause of death **Myocarditis** Duration **1 week.**
Due to **46**
Due to _____
Other conditions **Cancer of intestines 6 months**
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
75 4 20 hr. min.

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

9. Birthplace **Germany 4**
(City, town, or county) (State or foreign country)
10. Usual occupation **At Home**

11. Industry or business _____
12. Name **John Girard**
13. Birthplace **Germany 4**
(City, town, or county) (State or foreign country)
14. Maiden name **Elizabeth Shommer**
15. Birthplace **Germany 4**
(City, town, or county) (State or foreign country)

16. (a) Informant **William Neumeier Jr.**
(b) Address **9324 Rambler Drive**
17. (a) **Removal** (b) Date thereof **10/19/45**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Mount Olive Ill.**

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

18. (a) Signature of funeral director **Gebken-Benz Mortuary**
(b) Address **2842 Meramec St.**
19. (a) **10-19-45** (b) **E. J. ...**
(Date received local registrar) (Registrar's signature)

While _____ (Specify type of place) Means of injury _____
23. Signature **W. J. Simpson** (M. D. or other) **M.P.**
Address **3739 Travis Ave** Date signed **10/17/45**

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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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

J. A. Burgess

Licensed Embalmer No. 4029

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 this body is not embalmed, fact should be so stated above.