

FILED NOV 3 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 35178

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 8838									
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri				b. COUNTY St. Louis							
b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis				c. LENGTH OF STAY (in this place) 3 Days				c. CITY (If outside corporate limits, write RURAL and give township) 5, TOWN Florissant 4050							
d. FULL NAME OF HOSPITAL OR INSTITUTION Christian Hospital				d. STREET ADDRESS (If rural, give location) Rt. 1, Old Jamestown Road											
3. NAME OF DECEASED (Type or Print) William			a. (First)			b. (Middle) F.			c. (Last) Niederluecke			4. DATE OF DEATH (Month) (Day) (Year) Oct. 17th, 1950			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Nov. 21st, 1872			9. AGE (In years last birthday) 77		IF UNDER 1 YEAR Months 10		IF UNDER 24 HRS. Days 24 Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired				10b. KIND OF BUSINESS OR INDUSTRY Grocer				11. BIRTHPLACE (State or foreign country) Germany				12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Frd Niederluecke				13b. MOTHER'S MAIDEN NAME Wilhelmina (Unknown)				14. NAME OF HUSBAND OR WIFE Clara Niederluecke							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None				16. SOCIAL SECURITY NO. Unknown				17. INFORMANT'S SIGNATURE OR NAME Clara Niederluecke, Rt. 1, Florissant, Mo.				ADDRESS			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Right Hemiplegia ANTECEDENT CAUSES (b) Hypertension Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								INTERVAL BETWEEN ONSET AND DEATH			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION								20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)				21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)				21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)							
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)				21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				21f. HOW DID INJURY OCCUR? 334A							
22. I hereby certify that I attended the deceased from Sept 30 1950, to Oct 17, 1950, that I last saw the deceased alive on Oct 17, 1950, and that death occurred at 11:30A m., from the causes and on the date stated above.															
23a. SIGNATURE H. A. Whitemeyer (Degree or title)				23b. ADDRESS 4040 4362 Warner Ave				23c. DATE SIGNED 10-17-50							
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial				24b. DATE 10/17/50				24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery				24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri			
DATE REC'D BY LOCAL REG. 9GT 18 1950				REGISTRAR'S SIGNATURE J. B. Rosater				25. FUNERAL DIRECTOR'S SIGNATURE Calvin F. Feutz, 4828 Natural Bridge Blvd.				ADDRESS			

(Licensed Embalmer's Statement on Reverse Side)

DEC 6 1950

MAY 9

1951

SEP 3 1952

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.....

.....  
working under my personal supervision.

..... Student Embalmer No.....

Signed.....  
Student Embalmer

Signed *John A. Mlinar*

Licensed Embalmer No. *4186*

P. O. Address *St. Louis Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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