

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2847

State File No.

FILED JAN 19 1951

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **197**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 22 49	
d. FULL NAME OF HOSPITAL OR INSTITUTION Kempers Home. 2634 Arsenal		e. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
3. NAME OF DECEASED (Type or Print) Anna		4. DATE OF DEATH (Month) (Day) (Year) Jan. 6th, 1951	
a. (First)		b. (Middle)	
c. (Last) Neitzert			
5. SEX F.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Mar. 20, 1866
9. AGE (In years less birthday) 84		10. IF UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home		10b. KIND OF BUSINESS OR INDUSTRY XXXX	
11. BIRTHPLACE (State or foreign country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Burgmeyer		13b. MOTHER'S MAIDEN NAME Unknown	
14. NAME OF HUSBAND OR WIFE Henry Neitzert			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No		16. SOCIAL SECURITY NO. XXXX	
17. INFORMANT'S SIGNATURE OR NAME George H. Neitzert, Affton, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 year	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Renal Cause		ANTECEDENT CAUSES			
DUE TO (b) ✓		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS General senility			
Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 180X	

22. I hereby certify that I attended the deceased from **Jan 1 - 1951**, to **Jan 6, 1951**, that I last saw the deceased alive on **Jan 7, 1951**, and that death occurred at **2:00 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE Cawwhite (Degree or title)		23b. ADDRESS 508 N. Grand, St. Louis Mo		23c. DATE SIGNED 1-8-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1/9/51		24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park Cem., St. Louis Co., Mo.	
24d. LOCATION (City, town, or county) (State)					

DATE REC'D BY LOCAL REG. JAN 9 1951		REGISTRAR'S SIGNATURE J. B. Kasater		25. FUNERAL DIRECTOR'S SIGNATURE Wacker-Heldule U.P.C., 3634 Havois	
				ADDRESS	

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

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.....

Frank J. David Sr.

Signed.....
Student Embalmer

Licensed Embalmer No. *2675*

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.