

FILED APR 20 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14540**
Registrar's No. **3225**

318

1003

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.				
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 town OR TOWN) St. Louis		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis				2269		
d. FULL NAME OF HOSPITAL OR INSTITUTION: Christian Hospital				e. STREET ADDRESS 1932 Wright St				0		
3. NAME OF DECEASED (Type or Print) a. (First) Bertha			b. (Middle) L		c. (Last) Nieberg		4. DATE OF DEATH (Month) (Day) (Year) 4 3 51			
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH May 3-1899		9. AGE (In years last birthday) 51		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maintenance		10b. KIND OF BUSINESS OR INDUSTRY Blue Cross Hosp.		11. BIRTHPLACE (State or foreign country) Illinois			12. CITIZEN OF WHAT COUNTRY?			
13a. FATHER'S NAME August Buesking			13b. MOTHER'S MAIDEN NAME unknown			14. NAME OF HUSBAND OR WIFE Arthur L. Nieberg				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Arthur L. Nieberg				ADDRESS 1932 Wright St.		
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cerebral Hemorrhage</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Nephritis - Tubular.</i>						INTERVAL BETWEEN ONSET AND DEATH <i>1 day</i>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input checked="" 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)		21f. HOW DID INJURY OCCUR? <i>351X</i>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from <i>4-31</i> , 1951, to <i>4/3</i> , 1951, that I last saw the deceased alive on <i>4/3</i> , 1951, and that death occurred at <i>1:00 PM</i> from the causes and on the date stated above.						
23a. SIGNATURE <i>J. D. Luster</i>			(Degree or title) <i>M.D.</i>		23b. ADDRESS <i>2505 N. Thompson</i>		23c. DATE SIGNED <i>4-4-51</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>4-6-1951</i>		24c. NAME OF CEMETERY OR CREMATORY <i>New Bethlehem Cem.</i>		24d. LOCATION (City, town, or county) (State) <i>St. Louis County Mo</i>				
DATE REC'D BY LOCAL REG. <i>APR 6 1951</i>		REGISTRAR'S SIGNATURE <i>J. D. Luster</i>			25. FUNERAL DIRECTOR'S SIGNATURE <i>Leidner U.</i>				ADDRESS <i>2223 St. Louis Ave.</i>	

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

Keith

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 *John P. Buchholz*
Licensed Embalmer No. 1674
P. O. Address 2213 St. Louis

Signed.....
Student Embalmer

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.