

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25602**

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **6076** Registrar's No. **2756**

1. PLACE OF DEATH a. COUNTY St. Louis, 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 township) OR TOWN Jennings.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jennings.	
c. LENGTH OF STAY (In this place) Yes		d. STREET ADDRESS (If rural, give location) 1233 Jennings, Station Rd.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1233 Jennings Station Rd		e. STREET ADDRESS 1233 Jennings, Station Rd.	

3. NAME OF DECEASED (Type or Print) a. (First) Harry b. (Middle) E c. (Last) Neiner.			4. DATE OF DEATH (Month) (Day) (Year) July 21 1951		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug 1, 1894	9. AGE (In years last birthday) 56	10. IF UNDER 1 YEAR Days 11 Hours 21 IF UNDER 1 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant		10b. KIND OF BUSINESS OR INDUSTRY Paint Store		11. BIRTHPLACE (State or foreign country) St. Louis, Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME John Neiner.	13b. MOTHER'S MAIDEN NAME Bertha Sartory.	14. NAME OF HUSBAND OR WIFE Martha A. Neiner
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes 1st World War	16. SOCIAL SECURITY NO. 492,10,0217	17. INFORMANT'S SIGNATURE OR NAME Martha A. Neiner	ADDRESS 1233 Jennings St.
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cause unknown		INTERVAL BETWEEN ONSET AND DEATH unk
	ANTECEDENT CAUSES Morbidity 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. 7955		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. 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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Hubert R. Dombke Local Registrar - Vital Statistics	23b. ADDRESS 651 S. Brentwood, Clayton, Mo.	23c. DATE SIGNED 7-24-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7/25/51	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis, MO
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DATE REC'D BY LOCAL REG. 7-24-51	REGISTRAR'S SIGNATURE Hubert R. Dombke MD	25. FUNERAL DIRECTOR'S SIGNATURE Buchholz Koeller	ADDRESS 5967 W. Florissant
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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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Robert M Murray

Licensed Embalmer No.

37496

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.