

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28585**
7825

FILED SEP 13 1951

BIRTH NO. _____		REG. DIST. NO. 318	PRIMARY REG. DIST. NO. 1003	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 township) OR TOWN Saint Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Louis		
d. FULL NAME OF HOSPITAL OR INSTITUTION 1516 Warren Street, 6.		d. STREET ADDRESS (If rural, give location) 1516 Warren Street, 6.		
3. NAME OF DECEASED (Type or Print) Mathilda		a. (First)	b. (Middle)	c. (Last) Niemann
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Feb. 27th, 1874		9. AGE (In years last birthday) 77		10. IF UNDER 1 YEAR Months _____ Days _____
11. BIRTHPLACE (State or foreign country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? USA		13. IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (State or foreign country) St. Louis, Missouri
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Fred Huncke		13b. MOTHER'S MAIDEN NAME Johanna Engeline
14. NAME OF HUSBAND OR WIFE Late Henry W. Niemann		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME Loretta Clare, 236 St. Louis Rd. Collinsville		17. INFORMANT'S SIGNATURE OR NAME Loretta Clare, 236 St. Louis Rd. Collinsville		ADDRESS _____
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive cardiac		ANTECEDENT CAUSES		
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) Stroke		
DUE TO (c) _____		II. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death but not related to the disease or condition causing death.				
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION Stroke		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Stroke		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? HHZ X
22. I hereby certify that I attended the deceased from Aug 27, 1954 , to Aug 31, 1954 , that I last saw the deceased alive on Aug 31, 1954 , and that death occurred at 12:55A m. , from the causes and on the date stated above.				
23a. SIGNATURE R. H. Leveque		23b. ADDRESS 2342 St. Louis		23c. DATE SIGNED 9/1/54
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9/4/51		24c. NAME OF CEMETERY OR CREMATORY St. Peters Cemetery
24d. LOCATION (City, town, or county) St. Louis County, Missouri		24e. LOCATION (City, town, or county) (State) _____		
DATE REC'D BY LOCAL REG. SEP 4 1954		REGISTRAR'S SIGNATURE J. E. Smith		25. FUNERAL DIRECTOR'S SIGNATURE Calvin F. Feuts, 4828 Natural Bridge Blvd.

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

after 2:00 Pm Sat
Oct. 2013

[Handwritten signature]

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 Ralph C. Lindsted

Signed.....
Student Embalmer

Licensed Embalmer No. 1275

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.