

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29135**

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **6976** Registrar's No. **2852**

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|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY St. Louis | | 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 Pattonville | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pattonville 4250 | |
| c. LENGTH OF STAY (in this place) life | | d. STREET ADDRESS (If rural, give location) 0 McKelvey & St. Charles Roads | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION McKelvey & St. Charles Roads | | | |

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|--|-------------------------------|--|--------------------------------------|---|----------------------------------|
| 3. NAME OF DECEASED (Type or Print) Catherine Lissette Niedringhaus | | | 4. DATE OF DEATH Aug. 5, 1951 | | |
| a. (First) | | b. (Middle) | | c. (Last) | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Widowed | 8. DATE OF BIRTH Aug. 4, 1875 | 9. AGE (in years last birthday) 76 | IF UNDER 1 YEAR Months Days |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY Home | | 11. BIRTHPLACE (State or foreign country) St. Charles, Mo. | |
| | | | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |

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|---|--|---|--|---|--|
| 13a. FATHER'S NAME Fred Ostoff | | 13b. MOTHER'S MAIDEN NAME Lissette Buenemann | | 14. NAME OF HUSBAND OR WIFE Charles F.W. Dcd. | |
| 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 Emil Osthoff ADDRESS Pattonville, Mo. | |

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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i> | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion | | INTERVAL BETWEEN ONSET AND DEATH 30 minutes |
| | | DUPLICATE (b) Arteriosclerosis | | unknown |
| | | DUPLICATE (c) 4201 | | |
| | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pernicious Anemia | | |

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|---|--|--|--|--|--|
| 19a. DATE OF OPERATION None | | 19b. MAJOR FINDINGS OF OPERATION None | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) None | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) None | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) None | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) None | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? None | |

22. I hereby certify that I attended the deceased from **January, 1949, to August, 1951**, that I last saw the deceased alive on **July 25, 1951**, and that death occurred at **4:20 pm.**, from the causes and on the date stated above.

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|--|--|--|--|---|--|
| 23a. SIGNATURE (Degree or title) Don R. Randall, M.D. | | 23b. ADDRESS 207 W. 5th St. Charles, Mo. | | 23c. DATE SIGNED 8/6/51 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Entombment | | 24b. DATE 8-8-1951 | | 24c. NAME OF CEMETERY OR CREMATORY Oak Grove Mausoleum | |
| 24d. LOCATION (City, town, or county) (State) Wellston, Mo. | | DATE REC'D BY LOCAL REG. 8-7-51 | | REGISTRAR'S SIGNATURE Robert P. Lomke | |
| | | FURNERAL DIRECTOR'S SIGNATURE Blummann Bros. Inc. | | ADDRESS 2504 Woodson Rd. Overland, Mo. | |

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 3454

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address Overland 14, 7

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.