

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10 OCT 20 1952

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 6051 Registrar's No. 214

920
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY ST. CHARLES		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) ST. CHARLES RURAL		c. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS 4821	
c. LENGTH OF STAY (In this place) 11 YEARS		d. STREET ADDRESS (If rural, give location) 5232 HEEGE 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION EVANGELICAL ENNAUS HOME			

3. NAME OF DECEASED (Type or Print) a. (First) MARIE		b. (Middle) —		c. (Last) NIMESHEIM		4. DATE OF DEATH (Month) (Day) (Year) OCTOBER 16, 1952	
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH JUNE 15, 1922	9. AGE (In years last birthday) 30	10. IF UNDER 1 YEAR Months 4 Days 1	11. IF UNDER 24 HRS. Hours — Min. —
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE		10b. KIND OF BUSINESS OR INDUSTRY NONE		11. BIRTHPLACE (State or foreign country) ST. LOUIS, MISSOURI		12. CITIZEN OF WHAT COUNTRY? UNITED STATE	
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13a. FATHER'S NAME JOHN NIMESHEIM		13b. MOTHER'S MAIDEN NAME AUGUSTA MARTINI		14. NAME OF HUSBAND OR WIFE — — — — —			
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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) No		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Theophil Stoenker, ST. CHARLES, Mo.			
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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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion				INTERVAL BETWEEN ONSET AND DEATH 5 min	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) Generalized Spastic paralysis Life	
						DUE TO (c) Idiocy Life	
		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 351X				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from **Oct 10, 1952 to Oct 16, 1952** that I last saw the deceased alive on **Oct 10, 1952** and that death occurred at **1:45 PM**, from the causes and on the date stated above.

23a. SIGNATURE Dr. Erich Schindler		(Degree or title)		23b. ADDRESS St. Charles Mo.		23c. DATE SIGNED 10/17/52	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10/18/52		24c. NAME OF CEMETERY OR CREMATORY Lakewood Park Cem.		24d. LOCATION (City, town, or county) (State) St. Louis County Mo.	
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DATE REC'D BY LOCAL REG. 10-17-52		REGISTRAR'S SIGNATURE Francis Handley		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS L Ziegenhein & Sons 7027 Gravois	
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St. Louis 20

JAN 2 1953

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 E. P. Kudwell

Licensed Embalmer No. 3877

P. O. Address 7027 Gravois

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.