

No. 300
10.48

FILED NOV 14 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37110

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 542 Registrar's No. 2823

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY OR TOWN Ferguson
c. LENGTH OF STAY (in this place) 2 mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION Oak Knoll Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Utah
b. COUNTY
c. CITY OR TOWN Salt Lake City 8430
d. STREET ADDRESS 171 Layton 8

3. NAME OF DECEASED (Type or Print)
a. (First) Hilja b. (Middle) Marie c. (Last) Niemi
4. DATE OF DEATH (Month) (Day) (Year) 11 2 1952

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow
8. DATE OF BIRTH Jan 14 1888 9. AGE (In years last birthday) 64
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ~~At Home~~ Housewife
10b. KIND OF BUSINESS OR INDUSTRY ~~At Home~~ Housework
11. BIRTHPLACE (State or foreign country) Finland 4
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Unknown 13b. MOTHER'S MAIDEN NAME Unknown 14. NAME OF HUSBAND OR WIFE Ivor Lindros

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None 16. SOCIAL SECURITY NO. 528 30 9613 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Laurie Niemi 1403 Oriole Brentwood, Mo.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Bowel
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) 153X
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 Colostomy 3 yrs ago 20. AUTOPSY? YES NO

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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 31, 1952, to Nov 2, 1952, that I last saw the deceased alive on Oct 29, 1952, and that death occurred at 12:45 P.M., from the causes and on the date stated above.

23a. SIGNATURE Lewis Littmann MD (Degree or title) 23b. ADDRESS 8231 Clayton Rd (17) 23c. DATE SIGNED 11/2/52

24a. BURIAL, CREMATION REMOVAL (Specify) Removal 24b. DATE 11/3/1952 24c. NAME OF CEMETERY OR CREMATORY Salt Lake City Cemetery Salt Lake City Utah 24d. LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. 11-2-52 REGISTRAR'S SIGNATURE Herbert R. Donke - M.D. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Colliers Funeral Home 212387. Chas. St.

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

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REC 8 7 1954

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 Sheldon Collier

Licensed Embalmer No. 3382

P. O. Address 10123 St. Chas. Rd

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.