

## STANDARD CERTIFICATE OF DEATH

43681

State File No. ....

11110

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 <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>	
c. LENGTH OF STAY (In this place) <b>15 days</b>		d. STREET ADDRESS (If rural, give location) <b>4416 Sexauer</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Johns Hospital</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>JOHN</b>	b. (Middle) <b>J.</b>	c. (Last) <b>NEINER SR.</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 30, 1952</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>May 22, 1900</b>	9. AGE (In years last birthday) <b>52</b>	IF UNDER 1 YEAR Months <b>6</b>	IF UNDER 12 HRS. Days <b>8</b>	IF UNDER 1 MIN. Hours <b></b>	Min. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Salesman</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Joh Neiner Co.</b>	11. BIRTHPLACE (State or foreign country) <b>St. Louis, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>John Neiner</b>	13b. MOTHER'S MAIDEN NAME <b>Bertha Sartory</b>	14. NAME OF HUSBAND OR WIFE <b>Agnes Edler Neiner</b>
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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) <b>No</b>	16. SOCIAL SECURITY NO. <b>702-12-9440</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Agnes Neiner</b>	ADDRESS <b>4416 Sexauer</b>
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>4 months</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma urinary Bladder</b>		
	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. <b>Hepatitis</b>			

19a. DATE OF OPERATION <b>11-21-52</b>	19b. MAJOR FINDINGS OF OPERATION <b>C.A. Bladder. Ureters sigmoidectomy Bilateral</b>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>181X</b>
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22. I hereby certify that I attended the deceased from **7.31**, 19**52**, to **11.30**, 19**52**, that I last saw the deceased alive on **11.30**, 19**52**, and that death occurred at **7 P** m., from the causes and on the date stated above.

23a. SIGNATURE <b>Leo Bartels M.D.</b>	(Degree or title)	23b. ADDRESS <b>205 Frisco Bldg</b>	23c. DATE SIGNED <b>12-2-52</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Dec 4, 1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>DEC 3 1952</b>	REGISTRAR'S SIGNATURE <b>J. Carl Smith MD</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Bromschwig and Son</b>	ADDRESS <b>4746 W Florissant</b>
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(Licensed Embalmer's Statement on Reverse Side)

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. 3749

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.