

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

12090

FILED MAR 31 1953

1003

State File No. ....

2779

BIRTH NO. _____		REG. DIST. <b>318</b>		PRIMARY REG. DIST. NO. _____		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MO.</b> b. COUNTY				
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>St. Louis</b> )		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		2159		
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <b>4533<sup>9</sup> Tennessee Av</b>				d. STREET ADDRESS (If rural, give location) <b>15 4533<sup>9</sup> Tennessee Av.</b>				
3. NAME OF DECEASED (Type or Print) a. (First) <b>Olga</b> b. (Middle) <b>Augusta</b> c. (Last) <b>Nimz</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Mar. 13 1953</b>					
5. SEX <b>Female</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widow 2</b>		8. DATE OF BIRTH <b>April 26 1880</b>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <b>Germany</b>		9. AGE (In years last birthday) <b>72</b> If under 1 year: Months _____ Days _____ Hours _____ Min. _____		
12. CITIZEN OF WHAT COUNTRY? <b>4</b>			13a. FATHER'S NAME <b>Gottlieb Seltman</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Otto Nimz</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. <b>no.</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Clara Lambert</b> ADDRESS <b>4533<sup>9</sup> Tennessee</b>				
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Thrombosis</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arterio Sclerosis</b> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Hypertension</b>					INTERVAL BETWEEN ONSET AND DEATH <b>6 mo</b>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>none</b>		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) _____ m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>420:1</b>				
22. I hereby certify that I attended the deceased from <b>Sept 1952</b> , to <b>Mar 11, 1953</b> that I last saw the deceased alive on <b>Mar 11, 1953</b> , and that death occurred at <b>8:35 a. m.</b> , from the causes and on the date stated above.								
23a. SIGNATURE <b>W. Reber M.D.</b> (Degree or title)				23b. ADDRESS <b>1540 California</b>		23c. DATE SIGNED <b>3/14/53</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>3-16-53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>St. Matthews Cem.</b>		24d. LOCATION (City, town, or county) <b>St. Louis Mo.</b> (State) _____		
DATE REC'D BY LOCAL OFFICE <b>MAR 1 1953</b>		REGISTRAR'S SIGNATURE <b>J. Earl Smith md</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Witt Bros. L &amp; Co. 2929 S. Jefferson A.</b> ADDRESS _____				

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*A. M. Davis*

Signed.....  
Student Embalmer

Licensed Embalmer No. *3741*

P. O. Address *2929 Jefferson av*

**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.