

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6051

State File No. 15273

FILED APR 20 1953 REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 6058 Registrar's No. 93

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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. LENGTH OF STAY (in this place) 2 YEARS	c. CITY (If outside corporate limits, write RURAL and give township) St. Louis		2029
d. FULL NAME OF HOSPITAL OR INSTITUTION EVANGELICAL EMMAUS HOME			d. STREET ADDRESS (If rural, give location) 6014 Carlsbad Ave.		
3. NAME OF DECEASED (Type or Print) HATTIE		a. (First)	b. (Middle)	c. (Last) NEIBERT	4. DATE OF DEATH (Month) (Day) (Year) APRIL 16, 1953
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH APRIL 27, 1880	9. AGE (In years last birthday) 72	10. IF UNDER 1 YEAR Months
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE	10b. KIND OF BUSINESS OR INDUSTRY HOUSEWORK	11. BIRTHPLACE (State or foreign country) MISSOURI		12. CITIZEN OF WHAT COUNTRY? UNITED STATES	
13a. FATHER'S NAME THEODORE POTTHOFF		13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE: JOHN NEIBERT, JR (DEC'D)	
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 ADDRESS Theophil Staerner ST. CHARLES, Mo.			
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)			INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES					
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			DUE TO (b) Broken Compensation 3wks		
			DUE TO (c) Chronic Myocarditis 2yr.		
			Isen Arterio Sclerosis 10yr		
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 4221			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR	
22. I hereby certify that I attended the deceased from Mar 12, 1953 , to Apr 16, 1953 , that I last saw the deceased alive on April 10, 1953 , and that death occurred at 2:55P m. , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) A P Erich Schurz, M.D.			23b. ADDRESS St Charles Mo.		23c. DATE SIGNED Apr 17/53
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal (Mtr)	24b. DATE Apr. 18, 1953	24c. NAME OF CEMETERY OR CREMATORY New Pickers Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.	
DATE REC'D BY LOCAL REG April 17 1953		REGISTRAR'S SIGNATURE Franie Hamilton		FUNERAL DIRECTOR'S SIGNATURE ADDRESS Kriegshauser 4228 S. Kingshighway Bl	

APR 23 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 William B White

Licensed Embalmer No. 4241

P. O. Address 4228 Kings Highway

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.