

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33796**
Registrar's No. **9381**

FILED OCT 15 1953

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003**

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

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 33796		Registrar's No. 9381					
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY _____									
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri		c. LENGTH OF STAY (In this place) _____		c. CITY OR TOWN St. Louis		d. Is residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>							
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital				e. STREET ADDRESS (If rural, give location) 24 2918 Wisconsin Ave.									
3. NAME OF DECEASED (Type or Print) a. (First) MICHAEL			b. (Middle) A.			c. (Last) NIEMEYER			4. DATE OF DEATH SEPT. 28, 1953 (Month) (Day) (Year)				
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Sept. 23, 1892		9. AGE (In years last birthday) 61		IF UNDER 1 YEAR Months 0 Days 5		IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Park laborer				10b. KIND OF BUSINESS OR INDUSTRY City Parks		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.			12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13a. FATHER'S NAME Joseph Niemeyer				13b. MOTHER'S MAIDEN NAME Gertrude Doerr				14. NAME OF HUSBAND OR WIFE Pauline Niemeyer					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____				16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 499-01-0956		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Pauline Niemeyer 2918 Wisconsin Ave.							
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arterio-sclerotic heart disease DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								INTERVAL BETWEEN ONSET AND DEATH			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION								20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR? 4200								
22. I hereby certify that I attended the deceased from 9-12-53 , 19____, to 9-28-53 , 19____, that I last saw the deceased alive on 9-28-53 , 19____, and that death occurred at 6:55A m., from the causes and on the date stated above.													
23a. SIGNATURE (Degree or title) Robert B. Katini M.D.					23b. ADDRESS 1515 Lafayette Avenue			23c. DATE SIGNED 9-28-53					
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10/1/53		24c. NAME OF CEMETERY OR CREMATORY St. Peter & Paul Cemetery			24d. LOCATION (City, town, or county) (State) St. Louis Mo.						
DATE REC'D BY LOCAL REG. SEP 30 1953		REGISTRAR'S SIGNATURE [Signature]			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS John H. Gebken Sons 2630 Gravois Ave.								

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.....
Signature of Student Embalmer

Signed *Robert F. Gebke*

Licensed Embalmer No... *414*

P. O. Address *2630 S*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.