

No. 300
10-48

FILED DEC 14 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41767

BIRTH NO. _____ REG. DIST. NO. 319 PRIMARY REG. DIST. NO. 449 Registrar's No. 84

1. PLACE OF DEATH a. COUNTY Ste. Genevieve		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Ste. Genevieve	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ste. Genevieve		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ste. Genevieve	
c. LENGTH OF STAY (in this place) 05 YRS		0951 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION Ste. Genevieve, Mo		d. STREET ADDRESS (If rural, give location) Ste. Genevieve, Mo	

3. NAME OF DECEASED (Type or Print) FLORA			a. (First) b. (Middle) c. (Last) FLORA EMMA NIEMANN			4. DATE OF DEATH (Month) (Day) (Year) Dec 6 1953			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2		8. DATE OF BIRTH Jan 21, 1878		9. AGE (In years last birthday) 75	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House work				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Ste. Genevieve 0		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME George Sexauer		13b. MOTHER'S MAIDEN NAME Mary Sauer		14. NAME OF HUSBAND OR WIFE Joseph Niemann	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs. Louise Hunkins	
				ADDRESS Ste. Genevieve, Mo	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Chronic Myocarditis						8 yrs	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Sclerosis						8 yrs	
		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 4201						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) m.		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 10:15 to Dec 6, 1953, and that death occurred at 10:15 AM, from the causes and on the date stated above.

23a. SIGNATURE Arthur E. Sauer M.D.			23b. ADDRESS Ste. Genevieve Mo			23c. DATE SIGNED 12-7-53		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec 9, 1953		24c. NAME OF CEMETERY OR CREMATORY Calvary		24d. LOCATION (City, town, or county) (State) Ste. Genevieve, Mo		

DATE REC'D BY LOCAL REG. Dec 9, 1953		REGISTRAR'S SIGNATURE Knull Sauer 481		25. FUNERAL DIRECTOR'S SIGNATURE Genevieve, Mo		ADDRESS	
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(Licensed Embalmer's Statement on Reverse Side)

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

0951

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 *James L. Stantz*

Licensed Embalmer No. 3817

P. O. Address Ste. Genevieve, 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.