

FILED FEB 21 1955

THE DIVISION OF HEALTH - MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **6389**
Registrar's No. **1159**

BIRTH NO. 1220-55 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>FRANKLIN</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u>		c. CITY OR TOWN <u>WASHINGTON</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> <u>0362</u>
c. LENGTH OF STAY (in this place) <u>2 days</u>		STREET ADDRESS (If rural, give location) <u>225 ELM STREET</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>ST. LOUIS CHILDREN'S HOSPITAL</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>PAUL</u> b. (Middle) <u>WILLIAM</u> c. (Last) <u>NIEWALD</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>2 5 55</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>1-23-1955</u>	9. AGE (In years last birthday) <u>13</u>	IF UNDER 1 YEAR Months <u>13</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>WASHINGTON, MISSOURI</u>	
				12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	

13a. FATHER'S NAME <u>LEONARD W. NIEWALD</u>		13b. MOTHER'S MAIDEN NAME <u>BETTY PERDUE</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>—</u>		17. INFORMANT'S SIGNATURE OR NAME <u>500 S. Kings Highway</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERNAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Renal Failure (Atrophy of Kidneys) Agensis of "</u>		ANTECEDENT CAUSES			
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		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.			

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? <u>7573</u>	

22. I hereby certify that I attended the deceased from 2-3, 1955, to 2-5, 1955, that I last saw the deceased alive on 2-5, 1955, and that death occurred at 12:05 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Paul Niewald</u> (Degree or title)		23b. ADDRESS <u>500 S. Kings Highway</u>		23c. DATE SIGNED	
		<u>St. Louis 10 Mo.</u>			

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-6-1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lutheran Cemetery</u>	
				24d. LOCATION (City, town, or county) (State) <u>Rt. 10. New Haven Mo</u>	
DATE REC'D BY LOCAL REG. FEB 7 1955		REGISTRAR'S SIGNATURE <u>J. Carl Smith MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Nieburg & Will</u> ADDRESS <u>Washington Mo</u>	

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.....
Signature of Student Embalmer

Signed *Jerome F. Svoboda*.....

Licensed Embalmer No. *450*.....

P. O. Address *Washington*.....

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.