

FILED JUN 30 1955

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20283**
Registrar's No. **5168**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY _____				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) OR TOWN ST. LOUIS		c. LENGTH OF STAY (in this place) 7 HRS.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN WEBSTER GROVES?		d. STREET ADDRESS (If rural, give location) 537 OAK ST. 4007			
d. FULL NAME OF HOSPITAL OR INSTITUTION DEPAUL HOSPITAL				3. NAME OF DECEASED a. (First) JOHN b. (Middle) GEORGE c. (Last) NIEMEYER					
4. DATE OF DEATH (Month) (Day) (Year) JUNE 17, 1955		5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED			
8. DATE OF BIRTH AUG. 5, 1887		9. AGE (In years last birthday) 77		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED LUMBER MAN		10b. KIND OF BUSINESS OR INDUSTRY LUMBER			
11. BIRTHPLACE (City and State or Foreign Country) ST. LOUIS MO.		12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME JOHN NIEMEYER		13b. MOTHER'S MAIDEN NAME ROSE GRAY			
14. NAME OF HUSBAND OR WIFE MARGARET TAYLOR NIEMEYER		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 Margaret M. Niemeier ADDRESS 537 Oak St.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion ANTECEDENT CAUSES Arterio-sclerosis Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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. INTERVAL BETWEEN ONSET AND DEATH 7 hrs years				19a. DATE OF OPERATION none				19b. MAJOR FINDINGS OF OPERATION _____	
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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4201					
22. I hereby certify that I attended the deceased from _____, 19 53 , to <u>date</u> , 19____, that I last saw the deceased alive on <u>6-12</u> , 19 55 , and that death occurred at <u>10 a.</u> m., from the causes and on the date stated above.									
23a. SIGNATURE Deborah Beare M.D. (Degree or title)				23b. ADDRESS 3720 Wash. Ave		23c. DATE SIGNED 6/17/55			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 6-15-55		24c. NAME OF CEMETERY OR CREMATORY GALVARY CEMETERY		24d. LOCATION (City, town, or county) (State) ST. LOUIS MO.			
DATE REC'D BY LOCAL REG. JUN 15 1955		REGISTRAR'S SIGNATURE J. Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE MITTELBERG FUNERAL HOME, INC. ADDRESS 73 W. LOCKWOOD AVE WEBSTER GROVES MO.					

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
Student Embalmer

Signed W W Wilkinson

Licensed Embalmer No. 3575

P. O. Address St Louis 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.