

THE DIVISION OF HEALTH OF MISSOURI
 FILED APR 27 1956 STANDARD CERTIFICATE OF DEATH

15037

State File No.

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 922

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clayton</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clayton 4442</u>	
c. LENGTH OF STAY (in this place) <u>16 years</u>		d. STREET ADDRESS (If rural, give location) <u>903 S. Meramec</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>903 S. Meramec</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>DELBERT</u> b. (Middle) <u>D.</u> c. (Last) <u>NEISWANDER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Apr. 10, 1956</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Feb. 22, 1871</u>	9. AGE (In years last birthday) <u>82</u>	10. UNDER 1 YEAR Months <u>1</u> Days <u>18</u>	11. UNDER 1 MRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired - SALESMAN</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Food Salesman</u>		11. BIRTHPLACE (State or foreign country) <u>Mexico, Ohio</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Salomon Neiswander</u>	13b. MOTHER'S MAIDEN NAME <u>Ida Peters</u>	14. NAME OF HUSBAND OR WIFE <u>Emma Neiswander</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>UAK.</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Dale E. Neiswander, 903 S. Meramec, Clayton</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Ca of slow, progressive</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</u> DUE TO (c) <u>hypertension</u>		
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 type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) <u>153x</u>
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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?
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22. I hereby certify that I attended the deceased from 12:30 p.m., April 11, 1956, to April 11, 1956, that I last saw the deceased alive on April 10, 1956, and that death occurred at 7:15 p.m., from the causes and on the date stated above.

22a. SIGNATURE (Print name) <u>Richard A. Colarney MD</u>	22b. ADDRESS <u>70426 Forkland Ave 10-56</u>	22c. DATE SIGNED <u>Apr 10-56</u>
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23a. BURIAL, CREMATION, REMOVAL <u>Removal</u>	23b. DATE <u>4/11/56</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Greenlawn Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Columbus, Ohio</u>
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DATE REC'D BY LOCAL REG. <u>4-10-56</u>	REGISTRAR'S SIGNATURE <u>Richard R. Donohue</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Th. Bopp Ave. Kirkwood, Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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 *Felix Durand*

Licensed Embalmer No. *3034*

P. O. Address *Kirkwood 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.