

FILED MAR 4 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

6867

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 442

| | | | |
|--|-------------------------------|---|--|
| 1. PLACE OF DEATH a. COUNTY St. Louis | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clayton | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN Affton |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION County Hosp. | | Length of stay in 1b DOA | d. STREET ADDRESS (If outside, give location) 7963 Aldershot |
| 3. NAME OF DECEASED (Type or print) First Gladys Middle I Last Niemann | | | 4. DATE OF DEATH Month Feb Day 14 Year 1957 |
| 5. SEX female | 6. COLOR OR RACE white | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Dec 24, 1909 |
| 9. AGE (In years last birthday) 47 | | IF UNDER 1 YEAR Months 4 Days 7 Hours 0 Min. 0 | IF UNDER 24 HRS. Hours 0 Min. 0 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife | | 10b. KIND OF BUSINESS OR INDUSTRY At home | 11. BIRTHPLACE (City and state or country) St. Louis, Missouri |
| 12. CITIZEN OF WHAT COUNTRY? USA | | 13. FATHER'S NAME Everett Plank | |
| 14. MOTHER'S MAIDEN NAME Della Butler | | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yrs. give war or dates of service) no | |
| 16. SOCIAL SECURITY NO. none | | 17. INFORMANT Henry Niemann Address 7963 Aldershot | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Failure | | | INTERVAL BETWEEN ONSET AND DEATH 10-15 yrs |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Rheumatic Heart disease | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| DUE TO (c) periodic Myocardial deceleration | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE FORMAL DISEASE CONDITION GIVEN IN PART I (n) 416X | | | |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) | |
| 20c. TIME OF INJURY Hour a. m. Month, Day, Year p. m. | | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | |
| 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION COUNTY STATE | |
| 21. I attended the deceased from 1950 to 1957 and last saw her alive on Jan 1959 Death occurred at 1:00p m on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Direct or file) Arnold S. Klein MD | | 22b. ADDRESS 2632 W. Kemp | 22c. DATE SIGNED 2-15-57 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) burial | 23b. DATE 2/18/1957 | 23c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park | 23d. LOCATION (City, town, or county) (State) St. Louis Co., Mo. |
| 24. FUNERAL DIRECTOR ADDRESS J L Ziegenhein & Sons 7027 Gravois | | 25. DATE RECD. BY LOCAL REG. 2-18-57 | 26. REGISTRAR'S SIGNATURE Herbert B. Dunkel |

(Licensed Embalmer's Statement on Reverse Side)

00-56

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. Doctor, coroner, etc. must use only standard nomenclature in Part I. Coroner cannot certify to a death due to natural causes. Diseases in Part I must be casually related.

St. Louis

No.

St. Louis

Office

Clinton

1927

DOA

County Board

Feb 14 1927

Missouri

I

Give

Dec 24 1927

White

Female

St. Louis, Missouri

Housewife

John Butler

Everett Clark

1927

Missouri

DOA

No.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em-
by me, or by Student Embalmer No.
working under my personal supervision..

Student
Signature of Student Embalmer

Signed *Donald E. Berg*

Licensed Embalmer No. 486

P. O. Address 7077

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.

1 I Missouri 1927