

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10818

FILED MAR 28 1957

318

1003

STATE FILE NUMBER

1910

Registration District No. Primary Registration District No. Registrar's No.

Health,
Welfare
Public
Service

300
56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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, give TOWNSHIP only) OR TOWN ST. LOUIS, MO.		c. CITY OR TOWN University City	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Barnes Hospital		d. STREET ADDRESS 7241 Forsyth Blvd.	
3. NAME OF DECEASED (Type or print) JOHN NIEMOELLER		4. DATE OF DEATH FEB. 24, 1957	
5. SEX Male	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 Nov. 1, 1897
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Vice-Pres. & Pres.		9b. AGE (In years last birthday) 59	
10a. KIND OF BUSINESS OR INDUSTRY Brokers Stifel-Nicolaus		11. BIRTHPLACE (City and state or country) St. Louis, Missouri	
10b. CITIZEN OF WHAT COUNTRY? U.S.A.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME John Joseph Niemoeller		14. MOTHER'S MAIDEN NAME Emma Moeller	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) No None		16. SOCIAL SECURITY NO. Unknown	
17. INFORMANT Marguerite Niemoeller, Forsyth Blvd		Address 7241	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Atelectasis Emphysema Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) 527.1			INTERVAL BETWEEN ONSET AND DEATH 3 yrs.
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 Month, Day, Year a. m. 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 JAN. 15, 1957 to FEB. 24, 1957 and last saw her alive on FEB. 24, 1957 Death occurred at 9:20 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) C. Vermillion, M. D.		22b. ADDRESS BARNES HOSPITAL	
22c. DATE SIGNED 2/24/57			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 2/27/57	
23c. NAME OF CEMETERY OR CREMATORY St. Peters Cemetery		23d. LOCATION (City, town, or county) (State) St. Louis Co., Missouri	
24. FUNERAL DIRECTOR PR OVOST UND. CO., 3710 No. Grand		25. DATE RECD. BY LOCAL REG. FEB 25 '57	
26. REGISTRAR'S SIGNATURE Healy Smith M.D. mfg			

(Licensed Embalmer's Statement on Reverse Side)

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 *Leron E. Percy*.....

Licensed Embalmer No. *4092*

P. O. Address *St. Louis*

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.