

Health, Welfare & Public Service
 300
 1-56
 All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

34382

FILED SEP 23 1957

STATE FILE NUMBER
 5 41 Registrar's No. 2205

Registration District No. 317 Primary Registration District No.

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, give TOWNSHIP only) OR TOWN <u>CLAYTON</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>MARYLAND HEIGHTS</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ST. LOUIS COUNTY HOSP</u> Length of stay in lb <u>4 days</u>		d. STREET ADDRESS (If outside, give location) <u>OLD DORSETT ROAD</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <u>PAUL ELMER NIEBRUEGGE</u> First Middle Last		4. DATE OF DEATH <u>8 31 1957</u> Month Day Year	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>JUNE 4, 1942</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>STUDENT</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>THEOLOGY COLLEGE</u>	9. AGE (In years last birthday) <u>15</u> IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
11. BIRTHPLACE (City and state or country) <u>ST. LOUIS MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>ELMER H. NIEBRUEGGE</u>		14. MOTHER'S MAIDEN NAME <u>HILDEGARD T. LEEDS</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT <u>ELMER H. NIEBRUEGGE</u> Address <u>MARYLAND HEIGHTS MO.</u>
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a): <u>Basilar Skull Fracture</u> Conditions, if any, which gave rise to above cause (b): <u>Cerebral Contusion & Edema</u> stating the underlying cause last. DUE TO (c): PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a): <u>Pulmonary Edema & Congestion</u>			INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u> <u>4 days</u>
20a. ACCIDENT <input checked="" 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.) <u>Passenger in car which ran off road</u>	
20c. TIME OF INJURY Hour Month, Day, Year <u>Aug. 27 - 5:20 a.m. - 5:30 p.m.</u>		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>street</u>	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>RURAL ST. LOUIS CO. MO.</u>	
21. I attended the deceased from <u>8-27-57</u> to <u>8-31-57</u> and last saw her/him alive on <u>8-31-1957</u> Death occurred at <u>6:50 p.m.</u> on the date stated above; and to the best of my knowledge, from the cause stated.			
22a. SIGNATURE (Degree or title) <u>Richard N. King M.D.</u>		22b. ADDRESS <u>601 S. Brentwood Blvd.</u>	22c. DATE SIGNED <u>9/1/57</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>9-5-1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>TRINITY LUTH CEMETERY</u>	23d. LOCATION (City, town, or county) (State) <u>MANCHESTER MO.</u>
24. FUNERAL DIRECTOR ADDRESS <u>Shumann Bros. Inc. 2504 WOODSON RD. OVERLAND MO</u>		25. DATE RECD. BY LOCAL REG. <u>9-4-57</u>	26. REGISTRAR'S SIGNATURE <u>Herbert R. Bomhe M.D.</u> <u>asc</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *David C. Gibbs*

Licensed Embalmer No. *304*

P. O. Address *Overland*

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.