

Health,
& Welfare
Public
Service

S. 300
1-56

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 30 1957

46163

STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registration No. **11241**

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		c. CITY OR TOWN Lemay 23 Mo. 4870	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Anthony Hosp.		d. STREET ADDRESS 335 Lagro	
3. NAME OF DECEASED (Type or print) First Conrad Middle John Last Niederschmidt		4. DATE OF DEATH Month 11 Day 22 Year 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 3-15-1896
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Driver		10b. KIND OF BUSINESS OR INDUSTRY Furniture	11. BIRTHPLACE (City and state or country) St. Louis Mo.
13. FATHER'S NAME Fred. Niederschmidt		14. MOTHER'S MAIDEN NAME Anna Tiemeyer	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. 488-01-5775	
17. INFORMANT Hildegard Niederschmidt		335 Lagro Lemay 23	
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 infarction DUE TO (b) Rheumatic heart disease DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 416x			INTERVAL BETWEEN ONSET AND DEATH 4 h 40 yr
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. _____ p. m. _____		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20e. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from 10-10-57 to 11-22-57 and last saw her alive on 11-22-57 . Death occurred at 6:45 P m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Deceased or file) S. H. Wirthlin RD		22b. ADDRESS 5600 St. Clompton	
22c. DATE SIGNED 11-23-57			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 11-25-1957	
23c. NAME OF CEMETERY OR CREMATORY National Cemetery		23d. LOCATION (City, town, or county) (State) St. Louis Mo.	
24. FUNERAL DIRECTOR Wingbermuehle. 3819 So Grand		25. DATE RECD. BY LOCAL REG. NOV 23 '57	
26. REGISTRAR'S SIGNATURE Carl Smith			

(Licensed Embalmer's Statement on Reverse Side)

DEC 1 1961

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 *Greg J. Schermelle*

Licensed Embalmer No. *461*
P. O. Address *Adam 18*

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.