

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-012091

State File No.

FILED APR 9 1958

3657

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No.

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Missouri		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. LENGTH OF STAY (in this place) 2 1/2	
d. FULL NAME OF HOSPITAL OR INSTITUTION 31/ St. Louis State Hospital		e. STREET ADDRESS (If rural, give location) 1241 (XXXXXXXXXXXX) 3109 So. Jefferson Ave	
3. NAME OF DECEASED (Type or Print) a. (First) Ida b. (Middle) E. c. (Last) Niemeyer		4. DATE OF DEATH (Month) (Day) (Year) March 29, 1958	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH October 11, '85
9. AGE (In years last birthday) 72		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework	11. BIRTHPLACE (City and State or Foreign Country) Mascoutah, Illinois
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Felix Zinck		13b. MOTHER'S MAIDEN NAME Magdala Jung	14. NAME OF HUSBAND OR WIFE Hugo H. Niemeyer
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Leona Austermann, 3109 So. Jefferson Ave.,
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral embolism ANTECEDENT CAUSES DUE TO (b) Thrombophlebitis DUE TO (c) Arteriosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 332+	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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)			
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?			
22. I hereby certify that I attended the deceased from April 7, 1950 , to March 29, 1958 , that I last saw the deceased alive on March 29, 1958 , and that death occurred at 1:20 p.m. , from the causes and on the date stated above.			
23a. SIGNATURE Willie Hofstatter <i>Willie Hofstatter</i>		23b. ADDRESS 5400 Arsenal St.	
23c. DATE SIGNED 3-29-58			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal.		24b. DATE 4/1/58	
24c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery,		24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.	
DATE REC'D BY LOCAL REG. MAR 31 '58		REGISTRAR'S SIGNATURE Carl Smith MO <i>Carl Smith</i>	
25. FUNERAL DIRECTOR'S SIGNATURE Gebken-Benz Mortuary,		ADDRESS 2842 Meramec St., St. Louis 18, Mo.	

STATEMENT BY LICENSED EMBALMER

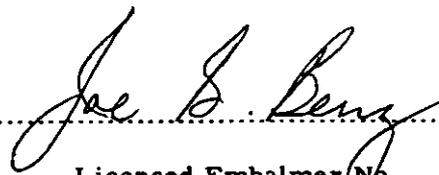
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed

by me, or by^{me}....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....



Licensed Embalmer No..... 4249
2842 Meramec St.,
P. O. Address... St. Louis, 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.