

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-027296
Stat. File No. 6849

FILED JUL 18 1958

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1003

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. MO. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis,		c. CITY OR TOWN St. Louis,	
c. LENGTH OF STAY (Specify) 5750 days		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis Chronic Hospital		e. STREET ADDRESS (If rural, give location) 4040 a Minnesota.	
3. NAME OF DECEASED (Type or Print) a. (First) Anna		b. (Middle)	
c. (Last) Niemyer.		4. DATE OF DEATH (Month) (Day) (Year) July 7 1958	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Dec. 25, 1935
9. AGE (In years last birthday) 72		IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Housewife	
11. BIRTHPLACE (City and State of Foreign Country) St. Louis, MO		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Joseph Frank		13b. MOTHER'S MAIDEN NAME Anna	
14. NAME OF HUSBAND OR WIFE William Niemyer			
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. No	
17. INFORMANT'S SIGNATURE OR NAME Esther Gibson		ADDRESS 5306 Pennsylvania Ave.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Central Arteriosclerosis</i>		INTERVAL BETWEEN ONSET AND DEATH <i>years</i>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <i>Generalized Arteriosclerosis</i> <i>years</i>	
DUE TO (c) <i>Diabetes Mellitus</i> <i>1 1/2 years</i>			
II. OTHER SIGNIFICANT CONDITIONS			
Conditions contributing to the death but not related to the disease or condition causing death. <i>Decubitus Ulcer 260+</i>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
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) (Minute)		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 <i>Jan. 2, 1955</i> to <i>July 7, 1958</i> that I last saw the deceased alive on <i>July 7, 1958</i> , and that death occurred at <i>6:50 P. M.</i> , from the causes and on the date stated above.			
23a. SIGNATURE <i>George M. Janak, M.D.</i>		23b. ADDRESS <i>0 5800 Arsenal</i>	
23c. DATE SIGNED <i>7/8/58</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 10, 1958	
24c. NAME OF CEMETERY OR CREMATORY Concordia Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.	
DATE REC'D BY LOCAL REG. JUL 9 1958		REGISTRAR'S SIGNATURE <i>Carl Smith, M.D.</i>	
25. FUNERAL DIRECTOR'S SIGNATURE <i>Hoffmeister</i>		ADDRESS <i>7814 So. Broadway St. - St. Louis, Mo.</i>	

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

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 *Lewis C. Hoffman*.....

Licensed Embalmer No... 387

P. O. Address 78148 1/2

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.