

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-030684

STATE FILE NUMBER

8016

FILED AUG 28 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's Office No. 8016

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, give TOWNSHIP only) OR TOWN St. Louis, Missouri Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Louis Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Masonic Home of Mo. Length of stay in lb 10-9-42 to 8-17-58 #129		d. STREET (If outside, give location) ADDRESS 5351 Delmar Blvd. Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Ernest Middle Last Lihn			4. DATE OF DEATH Month 8 Day 17 Year 58
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 27, 1881
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cow Tester		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 77 IF UNDER 1 YEAR Months 1 Days 4 Hours 1 Min. 2
11. BIRTHPLACE (City and state or country) Hammel, Denmark		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Niels Peter Nielsen		14. MOTHER'S MAIDEN NAME Ingria Nielsen	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Unknown		16. SOCIAL SECURITY NO. None	17. INFORMANT Address Masonic Home of Mo. - 5351 Delmar Blvd.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary thrombosis DUE TO (b) Generalized Arteriosclerosis DUE TO (c) 420.1 F PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 2nd and 3rd degree Burns Left thigh			INTERVAL BETWEEN ONSET AND DEATH 2 days UNKNOWN
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.) Dropped cigarette on bed clothes	
20c. TIME OF INJURY Hour 2:50 Month 8 Day 7 Year 58 p. m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Masonic Home Hospital		20f. CITY, TOWN, OR LOCATION COUNTY STATE 5351 Delmar Blvd. St. Louis, Missouri	
21. I attended the deceased from JAN 1-56 , to 8-17-58 and last saw ^{him} alive on 8-17-58 Death occurred at 9.55 p. m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Harold E. Walters M.D.		22b. ADDRESS 3720 Washington St. Louis Mo.	22c. DATE SIGNED 8-18-58
23a. BURIAL, CREMATION, REMOVAL (Specify) removal	23b. DATE 8/18/58	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State) Capella de la Cruz Mo.
24. FUNERAL DIRECTOR ADDRESS Schumacher Funeral Home 3013 Maramec		25. DATE RECD. BY LOCAL REG. AUG 18 58	26. REGISTRAR'S SIGNATURE J. Earl Smith, M.D. S.P.

Health, & Welfare Public Service

300 1-56

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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

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 *Jack Haupt*
Licensed Embalmer No. 47

P. O. Address *St. Louis*

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.