

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-038070

STATE FILE NUMBER

FILED OCT 17 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

9674

S. 300
1-57

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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		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 5660 Roosevelt Pl.			Length of stay in lb 25 Yrs	d. STREET ADDRESS (If outside, give location) 5660 Roosevelt Pl.			Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Anthony Joseph Nieberding, Sr.				4. DATE OF DEATH Month Day Year 10 7 1958			
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 Mar. 21, 1879		9. AGE (In years last birthday) 79	10. FUNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during past 14 days, even if retired) Elevator Mechanic (ret.)	10b. KIND OF BUSINESS OR INDUSTRY Elevator		11. BIRTHPLACE (City and state or country) Mt. Sterling, Ills.			12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME - Nieberding			13b. MOTHER'S MAIDEN NAME - Petrie			14. NAME OF HUSBAND OR WIFE Susan Nieberding	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (No, or unknown) (If yes, give war or dates of service) (No)		16. SOCIAL SECURITY NO. 497-01-5312		17. INFORMANT Mrs. Susan Nieberding, 5660 Roosevelt			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>arteriosclerotic heart disease</i>							INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____							420.04
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Carcinoma of stomach.</i>							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 Month, Day, Year a.m. p.m.							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from <i>May 22, 1958</i> to <i>Oct. 7, 1958</i> and last saw her alive on <i>Oct. 7, 1958</i> Death occurred at <i>7:15 P m</i> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>Hugo F Bergman M.D.</i>				22b. ADDRESS <i>3720 Washington</i>		22c. DATE SIGNED <i>10/9/58</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>burial</i>		23b. DATE <i>10/10/58</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Calvary Cemetery</i>		23d. LOCATION (City, town, or county) <i>St. Louis, Mo.</i>		(State)
24. FUNERAL DIRECTOR <i>Drehmann-Harral, 1905 Union Blvd.</i>				25. DATE RECD. BY LOCAL REG. <i>OCT 9 '58</i>		26. REGISTRAR'S SIGNATURE <i>Paul Smith M.D.</i>	

Dr. H. F. Bergman
3720 Washington
Je 3-6204
Hrs. 8:30-9:30 & 2-3 Thurs.

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 *Warren A. Carve*

Licensed Embalmer No. *3539*
P. O. Address

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.