

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-011779  
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 590 Registrar's No. 786

1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>ST. LOUIS</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>ST. JOHN</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>FLOISSANT</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>RUGHMANOR REST HOME</b>		Length of stay in lb <b>5 WKS</b>	d. STREET ADDRESS (If outside, give location) <b>260 ST. CATHERINE</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <b>FRED WILLIAM NEMNICH</b>			4. DATE OF DEATH Month Day Year <b>MARCH 21, 1959</b>		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>JULY 15, 1885</b>	9. AGE (In years less birthday) <b>73</b>	IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>BAKER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>RETAIL BAKING</b>	11. BIRTHPLACE (City and state or country) <b>FLOISSANT, MO</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>HENRY NEMNICH</b>		13b. MOTHER'S MAIDEN NAME <b>CHRISTINE DIECKMANN</b>		14. NAME OF HUSBAND OR WIFE <b>ELIZABETH NEMNICH</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>490-03-2559</b>	17. INFORMANT <b>W M NEMNICH, 454 WAR FORD FERGUSON, MO.</b>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cancer of Throat</b> <b>myocarditis</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					INTERVAL BETWEEN ONSET AND DEATH <b>148X</b>
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.			20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from <b>Jan 1-57</b> to <b>Mar 21-59</b> and last saw her alive on <b>Mar 21-59</b> Death occurred at <b>9:20 PM</b> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <b>H. A. Schumacher M.D.</b>			22b. ADDRESS <b>8863 Grandot av</b>		22c. DATE SIGNED <b>3-23-59</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		23b. DATE <b>3-25-59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>SACRED HEART</b>		23d. LOCATION (City, town, or county) (State) <b>FLOISSANT, MO.</b>
24. FUNERAL DIRECTOR <b>THE FLOISSANT MORTUARY,</b>			ADDRESS <b>FLORISSANT, MO.</b>	25. DATE RECD. BY LOCAL REG. <b>3-24-59</b>	26. REGISTRAR'S SIGNATURE <b>John P. Murphy, M.D.</b>

**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 *Gene Whitcomb* .....

Licensed Embalmer No. *4966* .....

P. O. Address... *Florescent, Mo* .....

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.