

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-013852

STATE FILE NUMBER

FILED APR 22 1959

Registration District No. 160

Primary Registration District No. 5592

Registrar's No. 58

300
1-57

4

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Jefferson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Joachim township		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN 400 7 Webster Groves 0
c. FULL NAME OF (If NOT in hospital, Home Institution) HOSPITAL OR INSTITUTION Mountain View Conv.		Length of stay in 1b 1 day	d. STREET ADDRESS (If outside, give location) 608 E. Swan Drive
3. NAME OF DECEASED (Type or print) First Middle Last Albert P. Niethe			4. DATE OF DEATH Month Day Year April 13, 1959
5. SEX Male <input checked="" type="checkbox"/>	6. COLOR OR RACE Caucasian	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH August 24, 1882
9. AGE (In years last birthday) 76		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) Carpenter (Retired)		10b. KIND OF BUSINESS OR INDUSTRY Construction	11. BIRTHPLACE (City and state or country) Germany
12. CITIZEN OF WHAT COUNTRY? USA (Nat'l)		13a. FATHER'S NAME August Niethe	
13b. MOTHER'S MAIDEN NAME (1st unknown) Bloomer		14. NAME OF HUSBAND OR WIFE Sophie Niethe (nee "eber)	
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. 492-10-4239A	17. INFORMANT Address Albert E. Niethe 579 Virginia, Groves, Mo. Webster
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) acute dilatation of Heart			INTERVAL BETWEEN ONSET AND DEATH 17 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary Thrombosis			12 days 19 hours
DUE TO (c) Cerebral thrombosis			1 1/2 hrs 5 mins
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201			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 <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 Death occurred at 10:25 5:57 A.M.		to April 12 1959 and last saw her alive on 4-12-59	
22a. SIGNATURE (Degree or title) H. L. Crocker M.D.		22b. ADDRESS 2827 S. Col. St. St. Louis	22c. DATE SIGNED 4-14-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 4/15/1959	23c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery	23d. LOCATION (City, town, or county) (State) St. Louis County Missouri
24. FUNERAL DIRECTOR HOFFMEISTER COLONIAL MORTUARY		25. DATE RECD. BY LOCAL REG. 4-14-59	26. REGISTRAR'S SIGNATURE J. G. [Signature]

6464 Chippewa Street, St. Louis

Licensed Embalmer's Statement on Reverse Side

All diseases in Part I must be causally related.
 Secondary causes, where most are only situational manifestations of them to the symptoms will be listed.

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DATE RECEIVED
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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 *Bill C. Dremson*

Licensed Embalmer No. *4264*

P. O. Address *St Louis 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.