Health, & Welfare Public Service

S. 300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

XC 1216238 FILED JUN 12 1959
Unit #A-306

59-020011
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 1446

1. PLACE OF DEATH
a. COUNTY: ST. LOUIS
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: JEFFERSON BARRACKS — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: VETS. ADM. HOSP. — Length of stay in 1b: 20 DAYS

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI — b. COUNTY: ~~NONE~~
c. CITY OR TOWN: ST. LOUIS — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 3211 HALLIDAY AVE — Reside on Farm: Yes [ ] No [XX]

3. NAME OF DECEASED (Type or print): First: FRANK — Middle: A. — Last: NIEHAUS

4. DATE OF DEATH: Month Day Year: MAY 23, 1959

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. MARRIED [XX] **NEVER MARRIED** [ ] **WIDOWED** [ ] **DIVORCED** [ ]

8. DATE OF BIRTH: 11-12-1893

9. AGE (In years last birthday): 65 — 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): SALESMAN

10b. KIND OF BUSINESS OR INDUSTRY: REAL ESTATE

11. BIRTHPLACE (City and state or country): ST. LOUIS, MISSOURI

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: BENJAMIN NIEHAUS

13b. MOTHER'S MAIDEN NAME: FRANCES SCHOENROCK

14. NAME OF HUSBAND OR WIFE: MARY L NIEHAUS

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): YES — (If yes, give war or dates of service): WW I

16. SOCIAL SECURITY NO.: 490-01-5564

17. INFORMANT Address: VA HOSPITAL RECORDS, JEFF. BRKS., MO.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	ACUTE PANCREATITIS	1 day
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	ESOPHAGEAL HIATUS HERNIA POST-OPERATIVE	2 days
DUE TO (c)	560.4	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): ATELECTASIS OF LOWER LOBES OF BOTH LUNGS 1-day

19. WAS AUTOPSY PERFORMED? YES [X] NO [ ]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

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 MAY 4, 1959, to MAY 23, 1959 ~~[illegible]~~
Death occurred at 1:10 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): W. Oppler Dr. W. Oppler, MD Director, Prof. Svcs.

22b. ADDRESS: VAH JEFFERSON BARRACKS, MO.

22c. DATE SIGNED: 5-23-59

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

23b. DATE: 5-26-59

23c. NAME OF CEMETERY OR CREMATORY: National Cemetery

23d. LOCATION (City, town, or county) (State): Jefferson Barracks, Mo

24. FUNERAL DIRECTOR ADDRESS: Neuk Bros. 2201 S Grand

25. DATE REC'D. BY LOCAL REG.: 5-25-59

26. REGISTRAR'S SIGNATURE: John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

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.

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 .....

Licensed Embalmer No. 4108

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.