URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

60-017185

FILED VS MAY 6 1960

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 2 4522 STATE FILE NUMBER

AMENDED

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: ST. LOUIS
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 3724 MERAMEC
Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MO
b. COUNTY
c. CITY OR TOWN: ST. LOUIS
Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 3724 MERAMEC
Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First HENRY Middle F Last NEISER
4. DATE OF DEATH: Month APRIL Day 25 Year 1960
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. Married ☑ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: DEC 6, 1895
9. AGE (last birthday): 64
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): RETIRED BAKER
10b. KIND OF BUSINESS OR INDUSTRY: MIDLAND BAKERY
11. BIRTHPLACE (City and state or country): MISSOURI
12. CITIZEN OF WHAT COUNTRY: U-S-A
13a. FATHER'S NAME: GEORGE NEISER
13b. MOTHER'S MAIDEN NAME: DOROTHY KLOPMAN
14. NAME OF HUSBAND OR WIFE: ANN NEISER
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 497-05-5393
17. INFORMANT: ANN NEISER Address: 3724 MERAMEC ST.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Probable coronary thrombosis
INTERVAL BETWEEN ONSET AND DEATH: Less than 2 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Coronary arteriosclerosis, severe
DUE TO (c): 420.1
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Generalized arteriosclerosis; diabetes mellitus
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown
19. WAS AUTOPSY PERFORMED? YES ☐ 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 9-5-58 to _____ and last saw her/him alive on 4-23-60
Death occurred at 3 30 p m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Thomas J. Walsh, MD.
22b. ADDRESS: 457 N. Kingshighway, St. Louis
22c. DATE SIGNED: 4-27-60

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: APR. 28. 1960
23c. NAME OF CEMETERY OR CREMATORY: ST. PETER + PAUL CEM
23d. LOCATION (City, town, or county) (State): ST. LOUIS MO

24. FUNERAL DIRECTOR: Thomas Kutis
ADDRESS: 2906 Gravois
25. DATE RECD. BY LOCAL REG.: APR 28 1960
26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____ Signed Eleanor Provence

Signature of Student Embalmer

Licensed Embalmer No. 3403

P. O. Address 2906 Gra

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co 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.