RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

SI FILED JAN 13 1961

-60-047800
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 12627

DED

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 915 N GRAND, ST. LOUIS, MO. — Length of stay in 1b: 10½ HRS.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: VETS. ADMIN. HOSPT. — Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY
c. CITY OR TOWN ST. LOUIS — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 4104 WEST PINE — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First CLARENCE — Middle A. — Last NIEMAN
4. DATE OF DEATH: Month DECEMBER — Day 30 — Year 1960
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. Married [X] Never Married [ ] Widowed [ ] Divorced [ ]
8. DATE OF BIRTH: 12/12/97
9. AGE (last birthday): 63 — 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): UNEMPLOYED
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): ST. LOUIS, MO.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: GEORGE A. NIEMAN
13b. MOTHER'S MAIDEN NAME: BERTHA GRUENER
14. NAME OF HUSBAND OR WIFE: ETHEL NIEMAN
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.: 494-10-6605
17. INFORMANT: ETHEL NIEMAN (SEE 2 ABOVE) — Address

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) ACUTE MYOCARDIAL INFARCTION ASSOCIATED WITH — INTERVAL BETWEEN ONSET AND DEATH: 6 MONTHS
SEVERE ANEMIA
DUE TO (b) CHRONIC MYLOGENOUS LEUKEMIA — 6 MONTHS
(Conditions, if any, which give rise to above cause (a), stating the underlying cause last.)
DUE TO (c) 204.1
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. [ ] Yes [ ] No [ ] Unknown

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

I VA attended the deceased from 12/29/60, to 12/30/60 and last saw him alive on 12/30/60

Death occurred at 5:00 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Douglas Mahy Jelly (Degree or title) M.D.
22b. ADDRESS: VAH, ST. LOUIS, MO.
22c. DATE SIGNED: 12/30/60

23a. BURIAL, CREMATION, REMOVAL (Specify): removal
23b. DATE: 1/3/61
23c. NAME OF CEMETERY OR CREMATORY: National Cemetery
23d. LOCATION (City, town, or county) (State): Jeff. Bks Mo

24. FUNERAL DIRECTOR — ADDRESS: Edward Fendler 5611 South Grand Blvd.
25. DATE RECD. BY LOCAL REG.: DEC 31 1960
26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.

BY AFFIDAVIT OF CLEARED THRU CORONERS OFFICE DR. RASINSKI

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed George W Wavat

Licensed Embalmer No. 4799

P. O. Address St. Louis

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