SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4316 STATE FILE NUMBER -61-015493

AMENDED

FILED MAY 10 1961

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis — Length of stay in 1b: 6 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St. Louis - Little Rock Hospitals, Inc. — Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: St Louis Co.
c. CITY OR TOWN: Mehlville — Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): Box 1953 - Route A — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: Charles Middle: - - Last: Niemann
4. DATE OF DEATH: Month: May Day: 4, Year: 1961
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 1-3-1901
9. AGE (last birthday): 60
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): Yard Clerk
10b. KIND OF BUSINESS OR INDUSTRY: Railroad
11. BIRTHPLACE (City and state or country): Illinois
12. CITIZEN OF WHAT COUNTRY: U. S. A.
13a. FATHER'S NAME: AUGUST NIEMANN
13b. MOTHER'S MAIDEN NAME: LENA FROM
14. NAME OF HUSBAND OR WIFE: Mrs. Charlotte Niemann
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
17. INFORMANT: CHARLOTTE NIEMANN Address: MEHLVILLE Mo.

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): CORONARY OCCLUSION, ACUTE — INTERVAL BETWEEN ONSET AND DEATH: 2 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
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) ARTC
Ruptured abdominal Aneurysm. Peptic Ulcer
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 April 28, 1961, to May 4, 1961 and last saw ~~her~~ him alive on May 4, 1961
Death occurred at 2:20 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Henry [illegible] M.D.
22b. ADDRESS: 1755 S. Grand Blvd.
22c. DATE SIGNED: 5-6-61

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: MAY 6 1961
23c. NAME OF CEMETERY OR CREMATORY: NEW ST. MARCUS
23d. LOCATION (City, town, or county) (State): ST. LOUIS Mo.
24. FUNERAL DIRECTOR: Kutis Funeral Home ADDRESS: 2906 Gravois
25. DATE RECD. BY LOCAL REG.: MAY 8 1961
26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | DOCUMENT | BY AFFIDAVIT OF

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 Eleanor Prowse

Licensed Embalmer No. 3403

P. O. Address 2906 Grove

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.