MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-61-027172
STATE FILE NUMBER

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7199

FILED AUG 8 1961

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St.Louis — Length of stay in 1b 19 days

c. CITY OR TOWN St.Louis — Inside Limits Yes ☐ No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St.Louis- Little Rock Hospitals, Inc. — Inside Limits Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location) 4108 Westminster Pl. — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Ethel Middle May Nieman Last NIEMAN

4. DATE OF DEATH Month Aug. Day 1 Year 1961

5. SEX Female

6. COLOR OR RACE White

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH 2-10-1892

9. AGE (last birthday) 69 — 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) Housewife

10b. KIND OF BUSINESS OR INDUSTRY ----------

11. BIRTHPLACE (City and state or country) Edgewood Iowa

12. CITIZEN OF WHAT COUNTRY U.S.A

13a. FATHER'S NAME Earl Dervy

13b. MOTHER'S MAIDEN NAME Della C Hollenbeck

14. NAME OF HUSBAND OR WIFE Clarence A Nieman

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. Unk.

17. INFORMANT Hazel Hammil — Address 1415 Detroit St. Tulsa Okla.

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) Cardio-Respiratory Failure.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Emphysema, severe
DUE TO (c) Bronchial Asthma, advanced.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 241X

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 7-13-61, to 8-1-61 and last saw ~~her~~ him alive on 7-31-61-
Death occurred at 2:45 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Charles Kromer MD.

22b. ADDRESS 1755 So. Grand Blvd

22c. DATE SIGNED AUG 3 1961

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

23b. DATE 8/3/61

23c. NAME OF CEMETERY OR CREMATORY National Cemetery

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

24. FUNERAL DIRECTOR Edward Fendler Funeral Home — ADDRESS City

25. DATE RECD. BY LOCAL REG. AUG 3 1961

26. REGISTRAR'S SIGNATURE Earl Smith. M.D.

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

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

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 Leo J. Budde

Licensed Embalmer No. 3989

P. O. Address St. Louis

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.