

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-039024  
STATE FILE NUMBER

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10314

FILED NOV 15 1961

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>			Length of stay in 1b <b>1 Week</b>		c. CITY OR TOWN <b>Creve Couer</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>De Paul Hospital</b>			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>Ladue &amp; Mosley Rds.</b>
3. NAME OF DECEASED (Type or print) First <b>FRANK</b> Middle <b>H.</b> Last <b>NIEHAUS</b>			4. DATE OF DEATH Month <b>11</b> Day <b>3</b> Year <b>61</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>3-16-97</b>	9. AGE (last birthday) <b>64 Yrs.</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Funeral Director</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Bensiek-Niehaus Mort.</b>		11. BIRTHPLACE (City and state or country) <b>St. Louis, Missouri, USA</b>	
12. CITIZEN OF WHAT COUNTRY		13a. FATHER'S NAME <b>Frank H. Niehaus</b>		13b. MOTHER'S MAIDEN NAME <b>Wilhelmina Bensiek</b>	
14. NAME OF HUSBAND OR WIFE <b>Margaret Myers Niehaus</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes W.W.I</b>		17. INFORMANT <b>Margaret Niehaus Creve Couer, Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>acute Pulmonary edema,</b> DUE TO (b) <b>Postoperative</b> DUE TO (c) <b>(see below)</b>					INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>923.9-48</b>					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>Operation due to perforation of intestine and bladder due to ingestion of chicken bone. Time place and manner of same could not be determined.</b>	
20c. TIME OF INJURY Hour a.m. p.m. <b>unknown</b>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>unknown</b>	
20f. CITY, TOWN, OR LOCATION <b>unknown</b>		20g. COUNTY <b>unknown</b>		20h. STATE <b>unknown</b>	
21. I attended the deceased from <b>Sept-1-1961</b> to <b>Nov. 3-1961</b> and last saw him alive on <b>Nov. 3-1961</b>			Death occurred at <b>3:30 P</b> m on the date stated above, and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE <b>Oliver G. M. Finney MD</b>			22b. ADDRESS <b>5014 Thekla Av</b>		22c. DATE SIGNED <b>11/5/61</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>11-7-61</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Calvary Mausoleum</b>		23d. LOCATION (City, town, or county) (State) <b>St. Louis, Missouri</b>
24. FUNERAL DIRECTOR <b>Bensiek-Niehaus 1431 Union Ave. St. Louis</b>			25. DATE RECD. BY LOCAL REG. <b>NOV 6 1961</b>		26. REGISTRAR'S SIGNATURE <b>Loard Smith, M.D.</b>

**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 J. W. Binkley

Licensed Embalmer No. 3653

P. O. Address. St Louis Mo

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.