

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-013040

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **3679**

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED APR 12 1962

1. PLACE OF DEATH
a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN
ST. LOUIS

Length of stay in 1b

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

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION
COCHRAN VETERANS HOSP

Inside Limits
Yes No

d. STREET ADDRESS (If outside, give location)
3521st INDIANA AVE

Reside on Farm
Yes No

3. NAME OF DECEASED (Type or print)
First Middle Last

GRACE B NIEMEIER

4. DATE OF DEATH
Month Day Year
APRIL 6 1962

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. Married Never Married
Widowed Divorced

8. DATE OF BIRTH

1-15-1898

9. AGE (last birthday)

64

IF UNDER 1 YEAR

Months Days

IF UNDER 24 HR

Hours Min.

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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

INTERVAL BETWEEN ONSET AND DEATH
Sudden

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Hypertensive Cardio-vascular Disease

4 or 5 years

DUE TO (c)

4201

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

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 **3/2/53** to **4/6/62** and last saw her alive on **3/15/62**
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)

Dr. Paul H. Whitcomb M.D.

22b. ADDRESS

2905 Cherokee St. - St. Louis 18 Mo

22c. DATE SIGNED

4/7/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

REMOVAL

23b. DATE

APR. 10, 1962

23c. NAME OF CEMETERY OR CREMATORY

NATIONAL CEMETERY

23d. LOCATION (City, town, or county)

JEFFERSON BARRACKS MO.

24. FUNERAL DIRECTOR

Thomas Hestie 2906 Gravois

ADDRESS

25. DATE RECD. BY LOCAL REG.

APR 9 1962

26. REGISTRAR'S SIGNATURE

Paul Smith, M.D.

USE BLACK INK OR TYPEWRITER RIBBON

VS 300 Rev. 4/59

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Dr Paul Hilbert
2905 Cherokee
Dr 1-2428
330
side door till

APR 27 1962

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 *Colet Thompson*
Licensed Embalmer No. 4561

P. O. Address *Clinton 5 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.