

# MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-62-013041

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **3248**

DO NOT WRITE ON THIS STUB

AMENDED

FILED APR 6 1962

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Rev. 4/59

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

|  |  |   |                                       |   |                              |   |        |   |       |   |  |
|--|--|---|---------------------------------------|---|------------------------------|---|--------|---|-------|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY   |  | b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>St. Louis</b>                     |                                       | Length of stay in lb<br><b>48 yrs.</b>  |                              | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY |        | c. CITY OR TOWN <b>St. Louis</b>  |       | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>Lutheran Hospital</b>  |  |   |                                       | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |                              | d. STREET ADDRESS (If outside, give location)<br><b>3812 Federer Place</b>  |        |   |       | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |  |
| 3. NAME OF DECEASED (Type or print)<br><b>AMANDA</b>   |  |   | First Middle Last<br><b>NIERDIECK</b> |   |                              | 4. DATE OF DEATH<br><b>March 23, 1962</b>   |        | Month Day Year  |       |   |  |
| 5. SEX<br><b>Female</b>  |  | 6. COLOR OR RACE<br><b>White</b>  |                                       | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> |                              | 8. DATE OF BIRTH<br><b>8/1/74</b>   |        | 9. AGE (last birthday)<br><b>87 yrs.</b>  |       | IF UNDER 1 YEAR<br>Months Days Hours Min.   |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Housewife</b>  |  |   |                                       | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>At Home</b>   |                              | 11. BIRTHPLACE (City and state or country)<br><b>Washington, Missouri</b>   |        | 12. CITIZEN OF WHAT COUNTRY<br><b>USA</b>   |       |   |  |
| 13a. FATHER'S NAME<br><b>Fred Menzenwerth</b>  |  |   |                                       | 13b. MOTHER'S MAIDEN NAME<br><b>Katherine Edgar</b>   |                              |   |        | 14. NAME OF HUSBAND OR WIFE<br><b>Julius F. Nierdieck</b>   |       |   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)<br><b>No</b>   |  |   |                                       | 16. SOCIAL SECURITY NO.<br><b>None</b>  |                              | 17. INFORMANT Address<br><b>Miss Verna Nierdieck, 3812 Federer Place</b>  |        |   |       |   |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Carcinoma (Cancer) of right</b> |  |   |                                       |   |                              |   |        |   |       | INTERVAL BETWEEN ONSET AND DEATH<br><b>6 Months</b>                                   |  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br><del>— DUE TO (b) —</del> <b>Mammary Gland with General</b>          |  |   |                                       |   |                              |   |        |   |       |   |  |
| <del>— DUE TO (c) —</del> <b>Metastasis</b>  |  |   |                                       |   |                              |   |        |   |       | <b>170x</b>   |  |
| 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.<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |       |   |  |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  |  | 20a. ACCIDENT <input 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.)  |                              |   |        |   |       |   |  |
| 20c. TIME OF INJURY<br>Hour a.m. p.m.  |  | Month, Day, Year  |                                       |   |                              |   |        |   |       |   |  |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   |  | 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 <b>March 11, 1962</b> to <b>Mar. 23, 1962</b> and last saw her <b>Mar 23rd, 1962</b>  |  |   |                                       | Death occurred at <b>10:20 P.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.                                      |                              |   |        |   |       |   |  |
| 22a. SIGNATURE (Degree or title)<br><b>Dr. N. Walters, M.D.</b>  |  |   |                                       | 22b. ADDRESS<br><b>3608 South Grand Blvd.</b>   |                              |   |        | 22c. DATE SIGNED<br><b>3/26/62</b>  |       |   |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Removal</b>  |  | 23b. DATE<br><b>March 27, 1962</b>  |                                       | 23c. NAME OF CEMETERY OR CREMATORY<br><b>St. Trinity Cemetery</b>   |                              | 23d. LOCATION (City, town, or county)<br><b>St. Louis County, Missouri</b>  |        | (State)   |       |   |  |
| 24. FUNERAL DIRECTOR ADDRESS<br><b>Beiderwieden F. H. Inc., 1936 St. Louis</b>   |  |   |                                       | 25. DATE RECD. BY LOCAL REG.<br><b>MAR 27 1962</b>  |                              | 26. REGISTRAR'S SIGNATURE<br><b>Road Smith, M.D.</b>  |        |   |       |   |  |

USE BLACK INK OR TYPEWRITER RIBBON

Pa 2-7871 2-4

Dr Wm. Wharton  
3608 So Beach

**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 \_\_\_\_\_  
*[Handwritten Signature]*

Licensed Embalmer No. 4522

P. O. Address J. J. Lawrence

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.