

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-017117

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

3833

FILED APR 25 1962

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Warren	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b 1 week	c. CITY OR TOWN Warrenton
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Deaconess Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 509 Cherry Lane
3. NAME OF DECEASED (Type or print) First Middle Last Albert Henry Nienkamp			4. DATE OF DEATH Month Day Year April 11, 1962
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5-29-1903
9. AGE (last birthday) 58		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tool & Die Maker		10b. KIND OF BUSINESS OR INDUSTRY Metal Prod. Mfg.	11. BIRTHPLACE (City and state or country) Warren County, Mo.
12. CITIZEN OF (WHAT COUNTRY) U.S.A.		13a. FATHER'S NAME Otto Nienkamp	
13b. MOTHER'S MAIDEN NAME Wilhelmine Hasenjaeger		14. NAME OF HUSBAND OR WIFE Verna Tempel Nienkamp	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. ?	17. INFORMANT Address Mrs. Verna Nienkamp, Warrenton, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Infer Embolus, pulmonary</i>			INTERVAL BETWEEN ONSET AND DEATH <i>1d</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.) DUE TO (b) <i>Infarction of myocardium</i>			<i>2-3d.</i>
DUE TO (c) <i>Atherosclerotic coronary thrombosis</i>			<i>2-3d.</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>420.1</i>			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 checked="" type="checkbox"/> NO <input 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 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 <i>31 march 62</i> to <i>11 april 62</i> and last saw ^{hear} him alive on <i>11 april 62</i> Death occurred at <i>1:00 a.</i> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Jack Barrow M.D.</i>		22b. ADDRESS <i>110 S. Central St. Louis</i>	22c. DATE SIGNED <i>11 april 62</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	23b. DATE <i>4-13-62</i>	23c. NAME OF CEMETERY OR CREMATORY <i>City Cemetery</i>	23d. LOCATION (City, town, or county) <i>Warrenton, Mo.</i>
24. FUNERAL DIRECTOR ADDRESS <i>F.W. Nieburg & Co., Warrenton, Mo.</i>		25. DATE RECD. BY LOCAL REG. <i>APR 11 1962</i>	26. REGISTRAR'S SIGNATURE <i>Paul Smith, M.D.</i>

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

VS 300 Rev. 4/59
1
20906.5
3
4 0
5 1
6
7 0
8 1
9
10
11
12 58-0
13

JUN 21 1963

X

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 *John D. Laines*
Licensed Embalmer No. 4108

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.

Invoice