

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

6371-62-024999
STATE FILE NUMBER

318 1003

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

VS 300
Rev. 4/59

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2 22
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DATE AMENDED
6/7/62

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

DOCUMENT

SHOULD READ

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY St. Louis		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b 57 Yrs		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY		c. CITY OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>								
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Anthonys Hospital				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 1517 Warren Street				Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>								
3. NAME OF DECEASED (Type or print) First Middle Last Henry C. Niergarth			4. DATE OF DEATH Month Day Year 6 27 62		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 1-24-83		9. AGE (last birthday) 79		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) Retired Watchman				10b. KIND OF BUSINESS OR INDUSTRY Pinkerton Service				11. BIRTHPLACE (City and state or country) Gridley, Illinois				12. CITIZEN OF WHAT COUNTRY USA						
13a. FATHER'S NAME William Niergarth				13b. MOTHER'S MAIDEN NAME Barbara Hendrickson				14. NAME OF HUSBAND OR WIFE Rose J. Niergarth				Address						
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. None				17. INFORMANT 157X				Address 3						
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cancer of Pancreas												INTERVAL BETWEEN ONSET AND DEATH 157X						
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Duodenal Ulcer												3						
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. <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 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 July 15-62 to June 26-1962 and last saw him alive on June 26-1962 Death occurred at 9:00 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.																		
22a. SIGNATURE H. Y. Moore M.D. (Degree or title)						22b. ADDRESS 917-5018						22c. DATE SIGNED 6-27-62						
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal				23b. DATE 6-29-62				23c. NAME OF CEMETERY OR CREMATORY Lake Charles Cemetery				23d. LOCATION (City, town, or county) (State) St. Louis County Missouri						
24. FUNERAL DIRECTOR Calvin F. Feutz 4828 Natural Bridge Blvd. ADDRESS						25. DATE RECD. BY LOCAL REG. JUN 27 1962						26. REGISTRAR'S SIGNATURE Roald Smith, M.D.						

Dr. Harry Moore
18th. & Chouteau
GA 1-0650

Hours 1 to 4 PM and 6 to 8
Wednes. Only
No Hours Thursday

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 Robert E. Muller

Licensed Embalmer No. 4976

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.