

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-040565

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 10078

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED OCT 29 1962

VS 300 Rev. 4/59

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DATE AMENDED 11/5/62

INSTEAD OF Widowed and Deceased

ITEM NO. SHOULD READ

7, 14 Divorced & Blank

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

BY AFFIDAVIT OF Funeral Director

1. PLACE OF DEATH a. COUNTY Missouri		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Charles	
b. CITY (If outside corporate limits, give TOWNSHIP only) St. Louis		Length of stay in 1b 1 day	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Faith Hospital		d. STREET ADDRESS (If outside, give location) Rural Route #1	
3. NAME OF DECEASED (Type or print) First Robert Middle P Last Neibert		4. DATE OF DEATH Month October Day 19 Year 1962	
5. SEX male	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH 4-22-1906
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bartender (retired)		10b. KIND OF BUSINESS OR INDUSTRY Self-employed Tavern owner	
13a. FATHER'S NAME Robert F. Neibert		13b. MOTHER'S MAIDEN NAME Genevieve E. Paddock	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, give war or dates of service; or unknown) (If yes, give war or dates of service) No		17. INFORMANT Mrs. Valley L. Hohlt, 5946 North Pointe	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chronic Cornea Chronic nephritis acute condition was related to case by DR. Taylor of ST CHARLES - Mo. referring physician		INTERVAL BETWEEN ONSET AND DEATH 36 hrs ?	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease conditions given in PART I. (a) Coronary Artery -- Chronic Cardiac		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.) 592X	
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 Oct 19-62 to Oct 19-62 and last saw him alive on Oct 19-62		Death occurred at 11:58 P m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) Joseph Paeppelmann		22b. ADDRESS ST LOUIS, Mo 3400 NORTH KINGS HIGHWAY	
22c. DATE SIGNED 10/20/62		23. LOCATION (City, town, or county) (State) St. Louis, Missouri	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Oct. 23, 1962	23c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cemetery	
24. FUNERAL DIRECTOR Math Hermann & Son, Inc., St. Louis, Missouri		25. DATE RECD. BY LOCAL REG. OCT 22 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 Julius R Brown

Licensed Embalmer No. 5146

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.

MISSOURI BOARD OF HEALTH - DEPARTMENT OF HEALTH - ST. LOUIS, MISSOURI