

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-044684

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

10817

FILED NOV 19 1962

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

ST. LOUIS

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MO.

b. COUNTY

Inside Limits

Yes No

c. CITY OR TOWN

ST. LOUIS

d. STREET ADDRESS

5400 So. 37th ST.

Reside on Farm

Yes No

3. NAME OF DECEASED (Type or print)

First

Middle

Last

LOUISE

NIES

4. DATE OF DEATH

Month

Day

Year

NOV 10 1962

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. Married Never Married Widowed Divorced

8. DATE OF BIRTH

APR 16 1881

9. AGE (last birthday)

81

IF UNDER 1 YEAR

IF UNDER 24 HR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

HOUSE WORK

10b. KIND OF BUSINESS OR INDUSTRY

AT HOME

11. BIRTHPLACE (City and state or country)

ST. LOUIS, MO.

12. CITIZEN OF WHAT COUNTRY

U-S-A

13a. FATHER'S NAME

VALENTINE KARGER

13b. MOTHER'S MAIDEN NAME

UNKNOWN

14. NAME OF HUSBAND OR WIFE

CHARLES NIES

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

ELVIRA GILES 5400 So. 37th ST

Address

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 atherosclerotic Heart Disease

INTERVAL BETWEEN ONSET AND DEATH

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

DUE TO (b)

DUE TO (c)

4200

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.

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. Month, Day, Year p.m.

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 Death occurred at

Sept. 29, 1962 to Nov. 10, 1962 and last saw her alive on Nov. 10, 1962 4:35 P.M.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

5500 So. Broadway - St. Louis (11) Mo.

22c. DATE SIGNED

Nov. 11, 1962

23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

23b. DATE

NOV. 13 1962

23c. NAME OF CEMETERY OR CREMATORY

ST. PETER & PAUL CEM.

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

ST. LOUIS, MO.

24. FUNERAL DIRECTOR

Thomas Kutis 2906 Gravois

ADDRESS

25. DATE RECD. BY LOCAL REG.

11-13-62

REGISTRAR'S SIGNATURE

Boad Smith, M.D.

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

VS 300 Rev. 4/59
1
2 21 59
3
4 1
5 2
6
7 0
8 2
9
10
11
12 86-0
13

86

Dr at Nursing Home
Edgewater

Dr. Rothlieb
between 1 & 3 pm
of nursing Home

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 E. Lewis Parvise

Licensed Embalmer No. 3403

P. O. Address 2906 Grover

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.