MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-041865

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10864

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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2 215
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4 0
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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

FILED NOV 7 1963

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St. John Hospital
Inside Limits Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY
c. CITY OR TOWN: St. Louis
Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 4182 Walsh
Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First: George Middle: H. Last: Niederhoffer

4. DATE OF DEATH Month Day Year: Nov. 1, 1963

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: Sept. 4, 1890
9. AGE (last birthday): 73
IF UNDER 1 YEAR Months Days; IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: Electrician
11. BIRTHPLACE (City and state or country): St. Louis
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: George Niederhoffer
13b. MOTHER'S MAIDEN NAME: Louise Hebel
14. NAME OF HUSBAND OR WIFE: Anna Kloster

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) If yes, give war or dates of: World War I
16. SOCIAL SECURITY NO.: 39A
17. INFORMANT: Anna Niederhoffer, 4182 Walsh Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Myocardial INFARCTION
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b):
DUE TO (c): 420.1.H
INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Squamous Cell Ca of Bladder

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. p.m. Month, Day, Year
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 ____, to ____ and last saw her/him alive on 11-1-63
Death occurred at 11:00 A.M. 11-1-63 on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Ronald Mehan (Degree or title): MD
22b. ADDRESS: 3720 WASHINGTON
22c. DATE SIGNED: 2 Nov

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Nov. 4, 1963
23c. NAME OF CEMETERY OR CREMATORY: St. Peter & Paul Cem.
23d. LOCATION (City, town, or county) (State)

24. FUNERAL DIRECTOR: Wingbermuehle Funeral Home Grand ADDRESS: 3819 So.
25. DATE RECD. BY LOCAL REG.: NOV 2 1963
26. REGISTRAR'S SIGNATURE: Leon Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

NOV 14 1963

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_____ Signed George J Humphermuehl

Signature of Student Embalmer

Licensed Embalmer No. 4611

P. O. Address St Louis 18 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.