

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5900

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
BARNES HOSPITAL  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 18 days  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3617 Juniper St  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Otto Frank Niedexer

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced  
6. (b) Name of husband or wife Lillie A. 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased April 5 1880  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
64 2 25 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Germany 4  
(City, town, or county) (State or foreign country)

10. Usual occupation Foot Specialist

11. Industry or business \_\_\_\_\_

12. Name Unknown

13. Birthplace Unknown  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Charles Bresiger

(b) Address 3473 Mackland Ave.

17. (a) Cremation (b) Date thereof July 3, 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Missouri Crematory

18. (a) Signature of funeral director Walter Hilderle

(b) Address 3634 Gravois Ave.

19. (a) JUL 1 1944 (Date received local registrar) J. F. Brudeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 30  
year 1944 hour 1 minute 10 A. M.

21. I hereby certify that I attended the deceased from June 12, 1944, to June 30, 1944;  
that I last saw him alive on June 30, 1944;  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Malignant Mixed Tumor of the bronchus, right with metastasis to lung

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions Diabetes Mellitus  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations Malignant mixed tumor of bronchus, right (inoperable)  
Of autopsy as above & metal teeth  
teeth

22. If death was due to external causes, fill in the following:  
(c) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (c) Means of injury 0

23. Signature F. R. Bradley (M. D. or other) \_\_\_\_\_  
Address Baron Baran Hosp. Date signed 6/30/44

WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD

MOTHER FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

**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.....

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed

*Frank J. Gland*

Licensed Embalmer No.

P. O. Address

*2675  
St. Louis*

**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 this body is not embalmed, fact should be so stated above.**