

FILED APR 15 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10478

State File No. ....

Registrar's No. 3147

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>3147</u>	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Mad</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u>		17 9	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>LUTHERAN HOSPITAL</u>				d. STREET ADDRESS (If rural, give location) <u>1805 Sidney ST.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Andrew</u>			b. (Middle) <u>J.</u>		c. (Last) <u>NiederKorn</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 6, 1949</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Oct. 10, 1888</u>	9. AGE (In years last birthday) <u>60</u>		IF UNDER 1 YEAR: Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Barber</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Barbering</u>		11. BIRTHPLACE (State or foreign country) <u>Romania</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Peter NiederKorn</u>			13b. MOTHER'S MAIDEN NAME <u>Katherine Minges</u>		14. NAME OF HUSBAND OR WIFE <u>Leop NiederKorn</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowns) _____		16. SOCIAL SECURITY NO. <u>495-329611</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Leop NiederKorn</u> ADDRESS <u>1805 Sidney ST.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Jowenels nephritis</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>menstruation</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 yr</u>  <u>4 wk</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>April 1</u> , 19 <u>49</u> , to <u>April 6</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>April 6</u> , 19 <u>49</u> and that death occurred at <u>4:20 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Reinhold K... M.D.</u>				23b. ADDRESS <u>3701 Grand St</u>		23c. DATE SIGNED <u>4-7-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>April 9, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sunset Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS, COUNTY</u>	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>J. B. S... APR 7 1949</u>				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Will Bros. Lull Co. 2929 S. Jefferson Ave.</u>			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

(Licensed Embalmer's Statement on Reverse Side)

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**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.

Signed \_\_\_\_\_

*J. M. Davis*

Signed.....  
Student Embalmer

Licensed Embalmer No. 3741

P. O. Address 2929 Longfellow

**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.