

FILED MAY 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17551

State File No.

318

1003

Registrar's No. 4593

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____				
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE				b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give OR TOWN) St. Louis				c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis				
d. FULL NAME OF HOSPITAL OR INSTITUTION En. Route to City Hospital #1				d. STREET ADDRESS (If rural, give location) 4347 Taft Ave						
3. NAME OF DECEASED (Type or Print)		a. (First) August		b. (Middle) A.		c. (Last) Neiser		4. DATE OF DEATH (Month) (Day) (Year) 5-23-1949		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 8-8-1889		9. AGE (In years last birthday) 59 IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shoe Cutter			10b. KIND OF BUSINESS OR INDUSTRY Rice Shoe Co			11. BIRTHPLACE (State or foreign country) Missouri			12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Anton Neiser			13b. MOTHER'S MAIDEN NAME Anna Finkman			14. NAME OF HUSBAND OR WIFE Hattie Neiser				
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. 494-10-1181		17. INFORMANT'S SIGNATURE OR NAME Hattie Neiser			ADDRESS 4347 Taft Ave		
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis						INTERVAL BETWEEN ONSET AND DEATH 1 day		
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease						2 yrs.		
		DUE TO (c)								
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		930				
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? 4200						
22. I hereby certify that I attended the deceased from Feb 1947 , to May 23, 1949 , that I last saw the deceased alive on May 22, 1949 , and that death occurred at 7:30 m., from the causes and on the date stated above.										
23a. SIGNATURE Robert W. Tichenor M.D.				23b. ADDRESS 4602 Gravois St. Louis 16 Mo		23c. DATE SIGNED 5/25/49				
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5-26-1949		24c. NAME OF CEMETERY OR CREMATORY New St. Marcus Cemetery		24d. LOCATION (City, town, or county) (State) 7900 Gravois Ave Mo				
DATE REC'D BY LOCAL REG. MAY 24 1949		REGISTRAR'S SIGNATURE J. B. Sasser			25. FUNERAL DIRECTOR'S SIGNATURE Fiegenthal Bros ADDRESS 6409 Gravois Ave					

(Licensed Embalmer's Certificate on Reverse Side)

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

and

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
Student Embalmer

Signed *Henry M. Brammer*

Licensed Embalmer No. *4200*

P. O. Address *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.