

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21497****5504**

FILED JUL 15 1949

BIRTH NO. _____

REG. DIST. NO. _____

318

PRIMARY REG. DIST. NO. _____

1003

Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clayton	
c. LENGTH OF STAY (in this place) 40 Yrs		d. STREET ADDRESS (If rural, give location) 17 Carswald Dr.	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Lukes Hospital			
3. NAME OF DECEASED (Type or Print) a. (First) Clara b. (Middle) S. c. (Last) Niggeman		4. DATE OF DEATH (Month) (Day) (Year) June 25, 1949	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH July 22, 1888
9. AGE (In years last birthday) 60		10. MONTHS 6	11. DAYS 2
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Wilcox Nebr.
12. CITIZEN OF WHAT COUNTRY? U. S. A.			
13a. FATHER'S NAME Thomas B. Stites		13b. MOTHER'S MAIDEN NAME Mary L. Vincent	14. NAME OF HUSBAND OR WIFE Edgar G. Niggeman
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'S SIGNATURE OR NAME Mrs Jane N. Bole
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) Carcinoma of lung INTERVAL BETWEEN ONSET AND DEATH 8 mo.? ANTECEDENT CAUSES 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. Acute pulmonary edema-postoperative 2 hrs.	
19a. DATE OF OPERATION 6-24-49	19b. MAJOR FINDINGS OF OPERATION Carcinoma of rt. lung		20. AUTOPSY? YES <input checked="" 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) St. Louis	
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 1603X	
22. I hereby certify that I attended the deceased from Jan , 1949, to June 25 , 1949, that I last saw the deceased alive on June 24 , 1949, and that death occurred at 12:30 A m., from the causes and on the date stated above.			
23a. SIGNATURE Geo. W. Stuer, M.D.		23b. ADDRESS 3720 Washington Blvd.	23c. DATE SIGNED 6-25-49
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6/27/49	24c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis, Mo.
DATE REC'D BY LOCAL REG. JUN 27 1949	REGISTRAR'S SIGNATURE J. B. Linsater	25. FUNERAL DIRECTOR'S SIGNATURE Wagoner Mortuary	
		ADDRESS 4161 Lindell Blvd	

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

APR 3 1950

OCT 3 1949

MAR 12 1951

JUN 13 1950

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 Robert T. Sangster

Licensed Embalmer No. 4290

P. O. Address St Louis 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 this body is not embalmed, fact should be so stated above.