

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

18483

State File No. \_\_\_\_\_

FILED JUN 9 1950

4710

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>St. Louis</b> )		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		d. STREET ADDRESS (If rural, give location) <b>1242 Gimblin Ave.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1242 Gimblin Ave.</b>				4. DATE OF DEATH (Month) (Day) (Year) <b>May 27, 1950</b>			
3. NAME OF DECEASED (Type or Print) <b>David Lew Neibert</b>		a. (First)		b. (Middle)		c. (Last)	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Feb. 23, 1901</b>	
9. AGE (In years last birthday) <b>49</b>		IF UNDER 1 YEAR Months <b>3</b>		IF UNDER 12 HRS. Days <b>4</b>		IF UNDER 12 HRS. Hours <b>4</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Det. Sgt. Police Dept.</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>St. Louis Metrop.</b>		11. BIRTHPLACE (State or foreign country) <b>St. Louis, Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>yes</b>	
13a. FATHER'S NAME <b>William Neibert</b>		13b. MOTHER'S MAIDEN NAME <b>Emily Evans</b>		14. NAME OF HUSBAND OR WIFE <b>Jean Neibert</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>no</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Jean Neibert</b> ADDRESS <b>1242 Gimblin Ave.</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Thrombosis</b>				<b>2 hrs</b>	
		ANTECEDENT CAUSES					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b) <b>myocarditis</b>				<b>2 yr</b>	
		DUE TO (c) <b>Hypertension + Nephritis</b>				<b>2 yr</b>	
		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) _____			
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? <b>4/20</b>			
22. I hereby certify that I attended the deceased from <b>Nov 1947</b> to <b>5/26</b> , 1950, that I last saw the deceased alive on <b>5/26</b> , 1950, and that death occurred at <b>4 P</b> m., from the causes and on the date stated above.							
23a. SIGNATURE <b>Charles M Bauman</b> (Degree or title) <b>MO St. Louis</b>				23b. ADDRESS _____		23c. DATE SIGNED <b>5/26/50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>May 29, 1950</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis Co. Missouri</b>	
DATE REC'D BY LOCAL REG. <b>MAY 29 1950</b>		REGISTRAR'S SIGNATURE <b>J B Foster</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Benson, Richard</b> ADDRESS <b>1431 Union Blvd.</b>			

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

Brown

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed

*J. Wm Bentley*

Signed.....  
Student Embalmer

Licensed Embalmer No. *3657*

P. O. Address.....

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.