

FILED MAY 28 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

18421

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **4466**

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

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 township) OR TOWN <b>St. Louis, Missouri</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b> <b>2259</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>pronounced dead at City Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>1517 Market Street., 0</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Katherine</b> b. (Middle) <b>Schultz</b> c. (Last) <b>Niegarth</b>	4. DATE OF DEATH (Month) <b>May</b> (Day) <b>20</b> (Year) <b>1951</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced 3</b>	8. DATE OF BIRTH <b>Aug 27, 1887</b>	9. AGE (In years, less birthday) <b>63 1/2</b> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 1 HR.: Hours _____ Mins. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Poolroom Operator</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Gridley, Illinois /</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Frederick Schultz</b>	13b. MOTHER'S MAIDEN NAME <b>Sarah Rickenberger</b>	14. NAME OF HUSBAND OR WIFE <b>Fred Niegarth</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <b>351-22-4697</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Fred Schmidt-Gridley, Illinois.</b>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) <b>Chronic decompensated Myocarditis</b>  DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH
	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 checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Hit by car</b>
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22. I hereby certify that I attended the deceased from **19**, to **19**, that I last saw the deceased alive on **19**, and that death occurred at **7:50 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Joseph M. Quinn Deputy Coroner 3</b>	23b. ADDRESS <b>1300 Clair</b>	23c. DATE SIGNED <b>5/11/51</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>5-12-51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>City</b>	24d. LOCATION (City, town, or county) (State) <b>Gridley, Illinois.</b>
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DATE REC'D BY LOCAL REG. <b>MAY 12 1951</b>	REGISTRAR'S SIGNATURE <b>J. B. Larater</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Albert H. Hoppe-4700 Washington Blvd</b>
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MAR 27 1956

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 *Wm J. Salfin*

Licensed Embalmer No. *4699*

P. O. Address *St Charles 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.