

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUL 6 - 1951

BIRTH NO.		REG. DIST. NO. <u>017</u>		PRIMARY REG. DIST. NO. <u>4464</u>		Registrar's No. <u>2537</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Overland</u>		c. LENGTH OF STAY (In this place) <u>10-Yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Overland</u>		<u>421X</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>9636-Midland Avenue</u>				d. STREET ADDRESS (If rural, give location) <u>9636-Midland Avenue</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Rita</u> b. (Middle) <u>Belle</u> c. (Last) <u>Niederschulte</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 27, 1951</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never-Married</u>	8. DATE OF BIRTH <u>Dec. 13, 1931</u>		9. AGE (In years last birthday) <u>19</u>	IF UNDER 1 YEAR Months <u>6</u>	IF UNDER 24 HRS. Hours <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>School girl</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>School</u>		11. BIRTHPLACE (State or foreign country) <u>Mexico, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John Niederschulte</u>		13b. MOTHER'S MAIDEN NAME <u>Anna B. Nagel</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>			
15. (WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>John Niederschulte 9636-Midland Overland, Mo.</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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION						
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Osteogenic Sarcoma of Femur right with metastases</u>	INTERVAL BETWEEN ONSET AND DEATH						
ANTECEDENT CAUSES Morbidity 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. _____ ✓							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		19c. _____		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) (Min.)		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>8/15, 1944</u> , to <u>6/27, 1951</u> , that I last saw the deceased alive on <u>6/25, 1951</u> , and that death occurred at <u>9:30 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Alfred Fleischer, M.D.</u> (Degree or title)				23b. ADDRESS <u>2560 Woodson Rd Overland</u>		23c. DATE SIGNED <u>6/29/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6-30-1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Laurel Hill Gardens</u>		24d. LOCATION (City, town, or county) (State) <u>Wellston, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>6-29-51</u>		REGISTRAR'S SIGNATURE <u>Herbert P. Tombs</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Sammy S. ...</u>		ADDRESS <u>2504 Woodson Rd - Overland - Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

300
40

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.....

Oscar F. Mueller

Signed.....
Student Embalmer

Licensed Embalmer No. 3039

P. O. Address Overland 742

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.