2 FILED JUL 16 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25063
5638

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis Mo
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Hosp #1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis 2139
d. STREET ADDRESS (If rural give location) City Jail 5904 JULIAN

3. NAME OF DECEASED (Type or Print)
a. (First) Chas
b. (Middle) OTTO
c. (Last) Nedderhut

4. DATE OF DEATH (Month) 6 (Day) 5 (Year) 51

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH April 13 1863
9. AGE (In years last birthday) 88 | 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) Retired Broker
10b. KIND OF BUSINESS OR INDUSTRY Stocks and Bonds
11. BIRTHPLACE (State or foreign country) Mo. St. Louis
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME August K Nedderhut
13b. MOTHER'S MAIDEN NAME Minnie Witberman
14. NAME OF HUSBAND OR WIFE None

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 AND ADDRESS Mrs. James Gaynor 1300 Clark

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fracture of the Right Wrist — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Generalized Arteriosclerosis.

DUE TO (c) Suffered when deceased fell

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death Out of bed at the City Jail.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION on April - 1st. 1951
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Hospital
21c. (CITY, TOWN, OR TOWNSHIP) St. Louis (COUNTY) (STATE) Mo
21d. TIME OF INJURY (Month) 6 (Day) 5 (Year) 51 (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Fell out of bed

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 6:00 a.m., from the causes and on the date stated above. 21

23a. SIGNATURE Reginald Lewis (Degree or title)
23b. ADDRESS 1300 Clark
23c. DATE SIGNED 6/14/51

24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation
24b. DATE JUN 22 1951 6-7-51
24c. NAME OF CEMETERY OR CREMATORY Valhalla Crematory
24d. LOCATION (City, town, or county) St. Louis (State) Mo.

DATE RECEIVED BY LOCAL REG. JUN 22 1951 7-3-51
REGISTRAR'S SIGNATURE J. B. Lasater
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Rowland Mortuary Service Inc. 1100 Manchester Ave. St. Louis 10, Mo.

(Licensed Embalmer's Statement on Back Side)

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

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 Students of Mortuary College Student Embalmer No. ..... working under my personal supervision.

Student .....
Student Embalmer

Signed James G. Lammer

Licensed Embalmer No. 4142

P. O. Address St Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.