S. No. 300
v. 10.48

FILED APR 8 1952

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

9193

State File No. .....

BIRTH NO. ..... REG. DIST. NO. 231 PRIMARY REG. DIST. NO. 43 46 Registrar's No. .....

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

1. PLACE OF DEATH
a. COUNTY: Montgomery
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Montgomery
c. LENGTH OF STAY (In this place): 39yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Montgomery
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Montgomery City 0700
d. STREET ADDRESS (If rural, give location): none 0

3. NAME OF DECEASED (Type or Print)
a. (First): Frank
b. (Middle): Nickles
c. (Last): Niederweimer

4. DATE OF DEATH (Month) (Day) (Year): 4-3-1952

5. SEX: M 0
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): M
8. DATE OF BIRTH: 5-14-1882
9. AGE (In years last birthday): 69 — 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): Veterinarian
10b. KIND OF BUSINESS OR INDUSTRY: D.V.M.
11. BIRTHPLACE (State or foreign country): Cole County Mo 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: John Niederweimer
13b. MOTHER'S MAIDEN NAME: Margaret Schubert
14. NAME OF HUSBAND OR WIFE: Margaret Niederweimer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME: John Niederweimer — ADDRESS: St Louis Mo

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): Carcinoma of Stomach — INTERVAL BETWEEN ONSET AND DEATH: ?2 Months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Carcinoma of Liver — ?2 Months
DUE TO (c): Primary Stomach - Secondary Liver

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Anemia -

19a. DATE OF OPERATION: 2-21-52
19b. MAJOR FINDINGS OF OPERATION: Carcinoma of Liver & Stomach (Biopsy)
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): no
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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 151X

22. *I hereby certify that I attended the deceased from* 2-8, 1952, *to* 4-3, 1952, *that I last saw the deceased alive on* March 30, 1952, *and that death occurred at* 5:30 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): E. J. T. Andersen, M.D. 0
23b. ADDRESS: Montgomery City, Mo
23c. DATE SIGNED: 4/4/52

24a. BURIAL, CREMATION, REMOVAL (Specify): B
24b. DATE: 4-5-1952
24c. NAME OF CEMETERY OR CREMATORY: Montgomery City
24d. LOCATION (City, town, or county) (State): Montgomery City Mo

DATE REC'D BY LOCAL REG.: 4-5-52
REGISTRAR'S SIGNATURE: Bernice E. Wyatt 434-0
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: C. V. Hopkins Montgomery City Mo

(Licensed Embalmer's Statement on Reverse Side)

APR 26 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~~ on the3 day of April 1952, working under my personal supervision.

Student Embalmer No.....

C. W. Hopkins

Signed.....

Signed.....
Student Embalmer

Licensed Embalmer No. 1487

P. O. Address Montgomery City 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.