

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

10939

State File No.
Registrar's No. **786**

FILED APR 12 1952

BIRTH NO. 212886 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3063

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 _____	
b. CITY OR TOWN <u>Clayton,</u>		c. CITY OR TOWN <u>St. Louis,</u> <u>2159</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary Hospital,</u>		d. STREET ADDRESS <u>3524 Kingsland Court,</u>	

3. NAME OF DECEASED (Type or Print) <u>Infant Niederstadt,</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 23, 1952</u>		
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5. SEX <u>Male,</u>	6. COLOR OR RACE <u>White,</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single,</u>	8. DATE OF BIRTH <u>March 23, 1952</u>	9. AGE (In years last birthday) _____	IF UNDER 1 YEAR Months _____	IF UNDER 24 HRS. Hours _____	Min. <u>2</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Clayton, Missouri,</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Norman A. Niederstadt,</u>	13b. MOTHER'S MAIDEN NAME <u>Doris M. Bollwerk</u>	14. NAME OF HUSBAND OR WIFE -----
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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 <u>Norman A. Niederstadt,</u>	ADDRESS <u>3524 Kingsland Ct.</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>At Birth</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Multiple Congenital anomalies</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>(conerocysthalous)</u> DUE TO (c) <u>Bilateral atelectasis</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Bilateral club foot</u> <u>Prematurity at 2 mo.</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>750X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from (Birth) 3-23-52, **19**, to 3-23-52, **19**, that I last saw the deceased alive on 3-23, **1952**; and that death occurred at 11:15P on, from the causes and on the date stated above.

23a. SIGNATURE <u>William W. Fairley, M.D.</u>	23b. ADDRESS <u>3008 50 Grand</u>	23c. DATE SIGNED <u>3-24-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial,</u>	24b. DATE <u>3/25/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Resurrection Cemetery,</u>	24d. LOCATION (City, town, or county), (State) <u>St. Louis County, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>3-24-52</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Pomke, MD</u> <u>SW</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Gebken-Benz Mortuary,</u>	ADDRESS <u>2842 Meramec St.,</u> <u>St. Louis, 18, Mo.</u>
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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 _____

Student Embalmer No. _____

working under my personal supervision.

~~NO~~ EMBALMING

Student
Student Embalmer

Signed _____

Loron E. Percy

Licensed Embalmer No. 4094

P. O. Address 2842 Meramec St.,
St. Louis, 18, 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.