S. No. 300
V. 10.48

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

FILED MAY 9 - 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14613

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 3637

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (In this place): 12 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Missouri Baptist Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Overland, Mo. 432X
d. STREET ADDRESS (If rural, give location): 3715 Boswell

3. NAME OF DECEASED (Type or Print)
a. (First): Helen
b. (Middle): S.
c. (Last): Nierman

4. DATE OF DEATH (Month) (Day) (Year): April 15, 1952

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: June 29, 1879
9. AGE (In years last birthday): 72 — 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): At Home
10b. KIND OF BUSINESS OR INDUSTRY: –
11. BIRTHPLACE (State or foreign country): New Melle, Mo.
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: August Siesennop
13b. MOTHER'S MAIDEN NAME: Louise Meyer
14. NAME OF HUSBAND OR WIFE: Adolph C. Nierman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): –
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: –
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Harvey Nierman, 3715 Boswell

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

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) Terminal pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3 days.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebral Hemorrhage — 6 days
DUE TO (c) Hypertension — years,

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 ☐ NO ☐

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) m.: –
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: –

331X

22. *I hereby certify that I attended the deceased from* Jan - 19, 1947, *to* April 15, 1952, *that I last saw the deceased alive on* April - 14, 1952, *and that death occurred at* 10:15 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE Roy A. Walther Sr. (Degree or title) M.D.
23b. ADDRESS: Overland 14 Mo.
23c. DATE SIGNED: 4-15-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 4
24b. DATE: April 18 1952
24c. NAME OF CEMETERY OR CREMATORY: Valhalla Cemetery
24d. LOCATION (City, town, or county) (State): St. Louis County, Mo.

DATE REC'D BY LOCAL REG.: APR 17 1952
REGISTRAR'S SIGNATURE: J. Carl Smith M.D.
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: BEIDERWIEDEN F.H. INC. 1936 St. Louis Ave.

(Licensed Embalmer's Statement on Reverse Side)

6
Dr. Ray A. Walther
Woodson Road,
Overland, Mo.

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 _____
Student Embalmer

Signed Felix J. Krispin

Licensed Embalmer No. 3497

P. O. Address 1936 St. Louis

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.