

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **18671**
Registrar's No. **4271**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY	
b. CITY OR TOWN ST. LOUIS	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN ST. LOUIS	d. STREET ADDRESS (If rural, give location) 2059
d. FULL NAME OF HOSPITAL OR INSTITUTION 5746 KINGSBURY		d. STREET ADDRESS 5746 KINGSBURY	

3. NAME OF DECEASED (Type or Print) a. (First) LILLIE b. (Middle) NIEMANN c. (Last) Weber			4. DATE OF DEATH (Month) (Day) (Year) 5-6-52		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH 12-10-1861	9. AGE (In years last birthday) 90	10. UNDER 1 YEAR Months 1 YEAR Days 1 YEAR Hours 1 YEAR 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) U	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME W M NIEMANN			
13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE HENRY C WEBER			

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 Dorothy Lechew ADDRESS 7129 Lindell	
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Sclerotic heart disease		INTERVAL BETWEEN ONSET AND DEATH 1 year	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES (Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.) DUE TO (b) Hypertension - general sclerotic		10 years	
		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 4200		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., to 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?	
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22. I hereby certify that I attended the deceased from Dec 12, 1951, to May 6, 1952, that I last saw the deceased alive on May 6, 1952, and that death occurred at 7:00 m., from the causes and on the date stated above.

23a. SIGNATURE Arthur Swanson (Degree or title)		23b. ADDRESS 2202 Grand St		23c. DATE SIGNED 5/7/52	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5-8-52		24c. NAME OF CEMETERY OR CREMATORY Bellefontaine	
				24d. LOCATION (City, town, or county) (State) St Louis Mo.	

DATE REC'D BY LOCAL REG. MAY 7 1952		REGISTRAR'S SIGNATURE J. Earl Smith, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Arthur Swanson ADDRESS 2202 Grand St	
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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 _____

working under my personal supervision.

Student Embalmer No.

Signed *Gustav W. Dittala*

Signed.....
Student Embalmer

Licensed Embalmer No. *4329*

P. O. Address *Spring, Md*

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.