

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36709

State File No. ....

9853

FILED NOV 13 1952  
BIRTH NO. 72616 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. ....

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE		b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give town) ST. Louis		c. LENGTH OF STAY (in this place) township)		c. CITY (If outside corporate limits, write RURAL and give township) ST. Louis			
d. FULL NAME OF HOSPITAL OR INSTITUTION 3841 Lafayette		d. STREET ADDRESS (If rural, give location) 3841 Lafayette					
3. NAME OF DECEASED (Type or Print)		a. (First) Sandra		b. (Middle) Nieuwendaal			
c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) Oct. 24 1952					
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <input checked="" type="checkbox"/> Widowed		8. DATE OF BIRTH Oct. 1 1952			
9. AGE (In years last birthday)		IF UNDER 1 YEAR Months		IF UNDER 36 HRS. Hours Mins.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) 0			
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME George Nieuwendaal		13b. MOTHER'S MAIDEN NAME Mary Applegate			
14. NAME OF HUSBAND OR WIFE		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 George Nieuwendaal		ADDRESS 3841 Lafayette					
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Adrenal insufficiency</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 274X			
22. I hereby certify that I attended the deceased from <u>Oct 1</u> , 19 <u>52</u> , to <u>Oct 24</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>Oct 24</u> , 19 <u>52</u> , and that death occurred at <u>4:00</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Chester P. Pappas		23b. ADDRESS 1325 S. Grand		23c. DATE SIGNED 10/24/52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10/25/52		24c. NAME OF CEMETERY OR CREMATORY Memorial Park			
24d. LOCATION (City, town, or county) (State) St. Louis County, Mo..		25. FUNERAL DIRECTOR'S SIGNATURE Sullivan's 2849 No. Euclid Ave.					
DATE REC'D BY LOCAL REG. OCT 27 1952		REGISTRAR'S SIGNATURE J. Earl Smith, M.D. S.C. (Licensed Embalmer's Statement on Reverse Side)					

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

Mr. Edwin S. Egel

3211 So. Grand

St. 7388

3654 Flora Pe. 2947

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.

Student .....  
Student Embalmer

Signed Robert L. Bunkner

Licensed Embalmer No. 3553

P. O. Address \_\_\_\_\_

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.