

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43687**
11570

FILED JAN 10 1953 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 Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2159	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Anthony Hosp.		d. STREET ADDRESS (If rural, give location) 12 4730 Newport	
3. NAME OF DECEASED (Type or Print) a. (First) Henry b. (Middle) H c. (Last) Nienaber		4. DATE OF DEATH (Month) (Day) (Year) 12-14-1952	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED NEVER MARRIED, WIDOWED Married	8. DATE OF BIRTH 3-5-1883
9. AGE (In years last day) 69 IF UNDER 1 YEAR Months 9 Days 9		IF UNDER 24 HRS. Hours 9 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Police Officer	
11. BIRTHPLACE (State or foreign country) St. Louis Mo		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Herman Nienaber		13b. MOTHER'S MAIDEN NAME Margaret Meiners	
14. NAME OF HUSBAND OR WIFE Elenora Nienaber			
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 Elenora Nienaber		ADDRESS 4730 Newport	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Embolus occlusion of left femoral artery with gangrene of left lower extremity. Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) Arterio-sclerotic Heart Disease DUE TO (c) Arterio-sclerotic Heart Disease II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.	
INTERVAL BETWEEN ONSET AND DEATH 19 days		2 yrs.	
19a. DATE OF OPERATION 12/6/52		19b. MAJOR FINDINGS OF OPERATION amputation left mid thigh - gangrene of leg.	
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? 4200			
22. I hereby certify that I attended the deceased from Sept. 1, 1952 , to Dec 14, 1952 , that I last saw the deceased alive on Dec 14, 1952 , and that death occurred at 8:45 PM , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) George A. Sullivan, M.D.		23b. ADDRESS 4217 Schirmer St. Louis Mo	
23c. DATE SIGNED 12-15-52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12-17-1952	
24c. NAME OF CEMETERY OR CREMATORY S.S Peter & Paul Cam		24d. LOCATION (City, town, or county) (State) St. Louis Mo	
DATE REC'D BY LOCAL REG. DEC 16 1952		REGISTRAR'S SIGNATURE J. Earl Smith, M.D.	
25. FUNERAL DIRECTOR'S SIGNATURE WINGBERMUEHLE		ADDRESS 3819 S Grand Blvd	

G.P. (Licensed Embalmer's Statement on Reverse Side)

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

4217 Schirmer St. - 4 pm. Pk 1242

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 George J. McBermeke

Licensed Embalmer No. 4611

P. O. Address St. Louis, 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.