

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44400

State File No.

FILED JAN 5 1954

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

Registrar's No. 11938

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) St. Louis		c. CITY OR TOWN St. Louis		d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. LENGTH OF STAY (In this place)		.. STREET ADDRESS (If rural, give location) 20 2333 N. Market St.		2209	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2333 N. Market St.		3. NAME OF DECEASED a. (First) John		b. (Middle)	
		c. (Last) Niedner		4. DATE OF DEATH (Month) (Day) (Year) Dec. 17th 53	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 16th 1880	9. AGE (In years last birthday) 72 2/3	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unemployed		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Mine LaMotte, Mo.		12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME Maximilian Niedner		13b. MOTHER'S MAIDEN NAME Emily ?		14. NAME OF HUSBAND OR WIFE Lulu Niedner	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unknown		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lulu Niedner 2833 N. Market	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>This does not mean mode of dying, such as heart failure, asphyxia, means the disease, injury, or complication which caused death.</i>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease ANTECEDENT CAUSES Congestive Failure - Auricular Fibrillation 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. Silicosis			INTERVAL BETWEEN ONSET AND DEATH 20 yrs
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) m.		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 Aug , 19 50 , to Dec 17 , 19 53 , that I last saw the deceased alive on Dec 16 , 19 53 , and that death occurred at 8:50 PM from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Masao Okamoto M.D.			23b. ADDRESS 607 N. Grand		23c. DATE SIGNED 12-18-53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12/21/53	24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County
DATE REC'D BY LOCAL REG. DEC 18 1953		REGISTRAR'S SIGNATURE J. Charles Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Leidner Und., 2223 St. Louis Av.	

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..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 4194

P. O. Address 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

The Division of Health of Missouri
BUREAU OF VITAL STATISTICS

State File No. 44400/13

State of Missouri }
County of St. Louis } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD Local Registrar's No. 11938

On this 11th day of January, 1954, before me appears

Mrs. Lulu Niedner, who, upon her oath, states that the original record of birth

for John Niedner died Dec. 17, 193, in the State of

Missouri, and which was filed at St. Louis, Mo. on Dec. 18, 193, should be corrected as follows:

Item No. 8 should read Nov. 16th, 1880

Instead of Nov. 16th, 1879

Item No. 9 should read 73 yrs.

Instead of 74 yrs.

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Lulu H. Niedner Informant Relationship.

2333 N. Market St., St. Louis, Mo.

Present Address.

Subscribed and sworn to before me this 11th day of January, 1954

My Commission expires 3-4-57 Cecil Fallopp Notary Public.

