

FILED FEB 2 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3131

0401

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY <u>St. Louis Mo.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>JEFFERSON</u>				
b. CITY (If outside corporate limits, write RURAL and give township) <u>ST. LOUIS Mo.</u>		c. LENGTH OF STAY (In this place) <u>14 DAYS</u>		c. CITY OR TOWN <u>ROCK TOWNSHIP 0500</u>		d. STREET ADDRESS (If rural, give location) <u>SULPHUR SPRINGS Mo.</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>LUTHERAN HOSPITAL.</u>								
3. NAME OF DECEASED a. (First) <u>PAULINA</u>			b. (Middle) <u>T.</u>		c. (Last) <u>NIEMANN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JAN. 12 1954</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>JULY 2, 1885</u>		9. AGE (In years last birthday) <u>68</u>	10. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOME</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>HARRISONVILLE ILL.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		
13a. FATHER'S NAME <u>AUGUST LOEWE</u>			13b. MOTHER'S MAIDEN NAME <u>LENA FROMM</u>		14. NAME OF HUSBAND OR WIFE <u>AUGUST NIEMANN</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>AUG. NIEMANN SULPHUR SPRINGS Mo.</u>				
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Ch. Nephritis</u>				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Ch. Rheum Heart Dis.</u>				
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.								
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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? <u>416x</u>				
22. I hereby certify that I attended the deceased from <u>1/7/54</u> , 19 <u>54</u> , to <u>1/12/54</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>1/12/54</u> , 19 <u>54</u> and that death occurred at <u>10:00 a.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Dress or title) <u>Ralph Berg</u>				23b. ADDRESS <u>3203 89th</u>		23c. DATE SIGNED <u>1/13/54</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>JAN 15 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>PARK LAWN Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS Co., Mo</u>			
DATE REC'D BY LOCAL REG. <u>JAN 15 1954</u>		REGISTRAR'S SIGNATURE <u>Ralph Berg</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. H. HEILIGTAG FUNERAL HOME IMPERIAL Mo</u>				

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

Elmer Heiligtag

Licensed Embalmer No. *3571*

P. O. Address *Imperial*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform to the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.