

FILED JUL 2 - 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

21040

State File No. ....

5780

Registrar's No. ....

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

|   |                               |  |  |
|---|-------------------------------|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>St. Louis</u>   |                               | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>  |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <u>St. Louis</u>  |                               | c. CITY OR TOWN <u>St. Louis</u>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Christian Hospital</u>   |                               | d. Is Residence within limits of a city or incorporated town?<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>   |  |
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <u>Amelia</u> b. (Middle) <u>a/k/a Emelie</u> c. (Last) <u>Nielsen</u>   |                               | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>6 - 27 - 1954</u>  |  |
| 5. SEX <u>Fem</u>   | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>Married</u>   | 8. DATE OF BIRTH <u>2 - 28 - 1877</u>  |
| 9. AGE (In years last birthday) <u>77</u>   |                               | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Housewife</u>   | 11. BIRTHPLACE (City and State or Foreign Country)<br><u>St. Louis, Missouri</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Housewife</u>   |                               | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>At home</u>  |  |
| 11. BIRTHPLACE (City and State or Foreign Country)<br><u>St. Louis, Missouri</u>  |                               | 12. CITIZEN OF WHAT COUNTRY?   |  |
| 13a. FATHER'S NAME<br><u>George Heimberger</u>  |                               | 13b. MOTHER'S MAIDEN NAME<br><u>Emilie Klanke</u>  |  |
| 14. NAME OF HUSBAND OR WIFE<br><u>Niels P. Nielsen</u>  |                               | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u>  |  |
| 16. SOCIAL SECURITY NO.<br><u>none</u>  |                               | 17. INFORMANT'S SIGNATURE OR NAME<br><u>Mr. Niels P. Nielsen, 5212 St. Louis</u>   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Respiratory failure and 1 day</u><br><u>Renal failure</u><br>DUE TO (b) <u>Cerebral accident and 1 month</u><br><u>wrenia</u><br>DUE TO (c) <u>arteriosclerotic H.D.</u><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br><u>Obesity and Heart failure</u> |  |
| 19a. DATE OF OPERATION  |                               | 19b. MAJOR FINDINGS OF OPERATION<br><u>(old)</u>   |  |
| 20. AUTOPSY?<br>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)   |                               | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   |  |
| 21f. HOW DID INJURY OCCUR?<br><u>4200</u>   |                               | 22. I hereby certify that I attended the deceased from <u>Feb.</u> , 19 <u>54</u> , to <u>June 27</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>6 June</u> , 19 <u>54</u> , and that death occurred at <u>12:05 a.m.</u> , from the causes and on the date stated above.   |  |
| 23a. SIGNATURE (Degree or title)<br><u>Richard W. Housh</u>   |                               | 23b. ADDRESS<br><u>4007 W. Housh</u>   |  |
| 23c. DATE SIGNED<br><u>28 June 1954</u>   |                               | 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Removal</u>  |  |
| 24b. DATE<br><u>6/29/54</u>   |                               | 24c. NAME OF CEMETERY OR CREMATORY<br><u>Friedens Cemetery</u>   |  |
| 24d. LOCATION (City, town, or county) (State)<br><u>St. Louis County Mo.</u>  |                               | 25. FUNERAL DIRECTOR'S SIGNATURE<br><u>Drehmann-Harral</u>   |  |
| DATE REC'D BY LOCAL REG.<br><u>JUN 28 1954</u>  |                               | REGISTRAR'S SIGNATURE<br><u>J. Carl Smith M.D.</u>   |  |
| 25. FUNERAL DIRECTOR'S SIGNATURE<br><u>Drehmann-Harral</u>  |                               | ADDRESS<br><u>1905 Union Blvd.</u>   |  |

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

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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... *Warren A. Carver* .....

Licensed Embalmer No. *35*.....

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