

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **31534**  
Registrar's No. **198**

FILED OCT 4 1954

BIRTH NO.		REG. DIST. NO. <b>310</b>		PRIMARY REG. DIST. NO. <b>3058</b>		Registrar's No. <b>198</b>	
1. PLACE OF DEATH a. COUNTY <b>St. Charles</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <b>Missouri</b> b. COUNTY <b>St. Charles</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Charles</b>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <b>St. Charles</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Joseph's Hospital</b>				e. STREET ADDRESS (If rural, give location) <b>217 Tompkins St. 09230</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>CORA</b>		b. (Middle)		c. (Last) <b>NIEDERGERKE</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Sept. 28, 1954</b>	
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>July 4, 1906</b>	
9. AGE (In years last birthday) <b>48</b>		IF UNDER 1 YEAR Months <b>2</b> Days <b>24</b>		IF UNDER 24 HRS. Hours <b></b> Min. <b></b>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housekeeper</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>St. Charles, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>John Hoffman</b>			13b. MOTHER'S MAIDEN NAME <b>Emma Kemper</b>		14. NAME OF HUSBAND OR WIFE <b>Clark Niedergerke</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Clark Niedergerke, St. Charles, Mo.</b> ADDRESS			
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) <b>Carcinoma of Liver</b> INTERVAL BETWEEN ONSET AND DEATH <b>18 mo</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>metastases from</b> DUE TO (c) <b>Carcinoma of St. Brent</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION <b>2-16-53</b>		19b. MAJOR FINDINGS OF OPERATION <b>Carcinoma resected - 170x</b>			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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>2-13-53</b> , to <b>9-28-54</b> that I last saw the deceased alive on <b>9-27-54</b> , 19 <b>54</b> and that death occurred at <b>5 P.M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>R. J. Rindice</b> (Degree or title)				23b. ADDRESS <b>St. Charles Mo</b>		23c. DATE SIGNED <b>Sept 30 1954</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Oct. 1, 1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Oak Grove Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Charles, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>Sept 30 1954</b>		REGISTRAR'S SIGNATURE <b>384-11</b> <b>Zamie Hamilton</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Arthur C. Bane, St. Charles, Mo.</b> ADDRESS			

(Licensed Embalmer's Statement on Reverse Side)

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

MS  
MAR 29 1999

**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 *Clarence M. Bello* .....

Licensed Embalmer No. *437* .....

P. O. Address *St. Charles* .....

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.