

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **4433**

FILED MAR 14 1955

BIRTH NO. _____ REG. DIST. NO. **116** PRIMARY REG. DIST. NO. **3020** Registrar's No. **51**

1. PLACE OF DEATH a. COUNTY Franklin		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St Charles	
b. CITY (If outside corporate limits, write RURAL and give township) Washington MO		c. LENGTH OF STAY (in this place) 2 Days	c. CITY OR TOWN Foristell
d. FULL NAME OF HOSPITAL OR INSTITUTION St Frances Hosp		f. STREET ADDRESS (If rural, give location) South of Foristell	
3. NAME OF DECEASED (Type or Print) a. (First) Selma b. (Middle) Angeline c. (Last) Neddemeyer		4. DATE OF DEATH (Month) (Day) (Year) March 3 1955	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept 5 1896
9. AGE (In years last birthday) 58		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House-wife		10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (City and State or Foreign Country) Warren Co Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME Fred Welge	
13b. MOTHER'S MAIDEN NAME Anna Welker		14. NAME OF HUSBAND OR WIFE Lawrence Neddemeyer	
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 Lawrence Neddemeyer		ADDRESS Foristell MO	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Concussion fracture 3rd & 4th cervical vertebrae ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) accident DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. E9000 21	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident at home on farm		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) fracture 092 St Charles Mo	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Foristell 092 St Charles Mo		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Feb 27 1955 A.M.	
21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? fell down basement stairs	
22. I hereby certify that I attended the deceased from Mar 1, 1955 to Mar 3, 1955 , that I last saw the deceased alive on Mar 3, 1955 , and that death occurred at 8:19 a.m. , from the causes and on the date stated above.			
23a. SIGNATURE M. Neddemeyer		23b. ADDRESS Ind + Elm, Wash, Mo	
23c. DATE SIGNED 3-5-55			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Mar 6 1955	
24c. NAME OF CEMETERY OR CREMATORY Wright City Cemetery		24d. LOCATION (City, town, or county) (State) Wright City MO	
DATE REC'D BY LOCAL REG. 3/5/55		REGISTRAR'S SIGNATURE J.P. Steinhilber	
25. FUNERAL DIRECTOR'S SIGNATURE Nieburg Furn & Und		ADDRESS Wright City MO	

(Licensed Embalmer's Statement on Reverse Side)

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 *William J. Wright*
Licensed Embalmer No. *313*
P. O. Address *Wright*

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.