

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10002

State File No.

2368

Registrar's No.

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No.		Registrar's No.			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY							
b. CITY OR TOWN ST. LOUIS Mo		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN ST. LOUIS		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 20-9					
d. FULL NAME OF HOSPITAL OR INSTITUTION ALEXIAN Bros. Hosp				e. STREET ADDRESS (If rural, give location) 4638 LOUGHBOROUGH							
3. NAME OF DECEASED (Type or Print) a. (First) FRANK			b. (Middle) W.			c. (Last) NIEMEIER			4. DATE OF DEATH (Month) (Day) (Year) MAR. 14 1955		
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH AUG. 13 1898		9. AGE (In years last birthday) 56		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) WAREHOUSEMAN				10b. KIND OF BUSINESS OR INDUSTRY INT. SHOE Co		11. BIRTHPLACE (City and State or Foreign Country) MISSOURI			12. CITIZEN OF WHAT COUNTRY? U-S-A		
13a. FATHER'S NAME HENRY NIEMEIER				13b. MOTHER'S MAIDEN NAME EMMA RUDLOFF				14. NAME OF HUSBAND OR WIFE CECELIA NIEMEIER			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No				16. SOCIAL SECURITY NO. 492-01-7105		17. INFORMANT'S SIGNATURE OR NAME CECELIA NIEMEIER ADDRESS 4638 LOUGHBOROUGH					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia						INTERVAL BETWEEN ONSET AND DEATH 7 days			
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Progressive Muscular Dystrophy						about 1 year			
		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?							
22. I hereby certify that I attended the deceased from Jan 10 1928 , to March 14 1955 , that I last saw the deceased alive on March 14 1955 , and that death occurred at 6:45 m., from the causes and on the date stated above.											
23a. SIGNATURE H. C. Plummer MD (Degree or title)				23b. ADDRESS 3606 St. Louis				23c. DATE SIGNED 3/14/55			
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE MAR. 17 1955		24c. NAME OF CEMETERY OR CREMATORY RESURRECTION CEM.		24d. LOCATION (City, town, or county) (State) ST. LOUIS Co., Mo					
DATE REC'D BY LOCAL REG. MAR 15 1955		REGISTRAR'S SIGNATURE J. Carl Smith MD				25. FUNERAL DIRECTOR'S SIGNATURE Thomas Kuteris 2906 ADDRESS St. Louis					

(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.....
Leo J. Budd

Licensed Embalmer No. *398*
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.