

FILED DEC 12 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

38679

BIRTH NO. 8252455 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 State File No. \_\_\_\_\_  
Registrar's No. 10436

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis, Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>10 3020a Rolla Place, (15)</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri Baptist Hospital</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 29, 1955</u>	
3. NAME OF DECEASED a. (First) <u>Michael</u>		b. (Middle) <u>Francis</u>	
c. (Last) <u>Nesmeyer</u>		5. SEX <u>male</u>	
6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
8. DATE OF BIRTH <u>Oct. 28, 1955</u>		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 12 HRS. Hour Min. <u>4</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>St. Louis, Missouri</u>	
11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Francis Ernest Nesmeyer</u>		13b. MOTHER'S MAIDEN NAME <u>Genevieve Farnen</u>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Genevieve Nesmeyer</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		ADDRESS <u>3020a Rolla Pl.</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>atelectasis</u>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above, cause (a) stating the underlying cause last. DUE TO (b) <u>Insurgently &amp;</u> DUE TO (c) <u>? Insurgently</u>			
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 <u>762.5</u>	
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) m.		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 <u>10/28</u> , 1955, to <u>10/29</u> , 1955, that I last saw the deceased alive on <u>10/24</u> , 1955, and that death occurred at <u>11:10 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Charles M. Molden, M.D.</u>		23b. ADDRESS <u>3121 N. Grand</u>	
23c. DATE SIGNED <u>10/31</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>11-30-55</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Anatomical Board</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>NOV 30 1955</u>		REGISTRAR'S SIGNATURE <u>Carl Smith, M.D.</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Rowland - Mortuary Service</u>		ADDRESS <u>St. Louis, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side) HEALTH DEPT. ST. LOUIS, MO.

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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 .....  
Student Embalmer

Signed.....

..... Licensed Embalmer No. ....

..... P. O. Address .....

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

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