

FILED JAN 25 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2905

State File No.

318

1003

Registrar's No.

84

BIRTH NO.

REG. DIST. NO.

PRIMARY REG. DIST. NO.

Registrar's No.

1. PLACE OF DEATH

a. COUNTY

St. Louis

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE

Missouri

b. COUNTY

St. Louis

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN

St. Louis

c. LENGTH OF STAY (In this place)

7 days

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN

St. Ann

4001

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

De Paul Hospital

d. STREET ADDRESS (If rural, give location)

3900 Niederkorn Drive

3. NAME OF DECEASED (Type or Print)

a. (First)

Philomene

b. (Middle)

c. (Last)

Niederkorn

4. DATE OF DEATH (Month) (Day) (Year)

Jan. 1st, 1956

5. SEX

Female

6. COLOR OR RACE

White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Aug. 12, 1881

9. AGE (In years last birthday)

74

IF UNDER 1 YEAR Months Days IF UNDER 12 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housework

10b. KIND OF BUSINESS OR INDUSTRY

Own Home

11. BIRTHPLACE (State or foreign country)

Alton, Ill.

12. CITIZEN OF WHAT COUNTRY?

USA

13a. FATHER'S NAME

Felix Fortin

13b. MOTHER'S MAIDEN NAME

unknown

14. NAME OF HUSBAND OR WIFE

John A. Niederkorn

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 ADDRESS

X A. J. Niederkorn above

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, assthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

MEDICAL CERTIFICATION

Hepatitis, acute

Hepatitis, acute

INTERVAL BETWEEN ONSET AND DEATH

2 wks

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

580X

20. AUTOPSY?

YES NO

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 NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 23, 1955, to Jan 1, 1956, that I last saw the deceased alive on Jan 1, 1956, and that death occurred at 10:28 m., from the causes and on the date stated above.

23a. SIGNATURE

C.G. Youmas

(Degree or title)

23b. ADDRESS

C. G. Youmas, No. 539 N. Grand, 1-3-56

23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify)

1/3/56

24c. NAME OF CEMETERY OR CREMATORY

St. Patrick's

24d. LOCATION (City, town, or county) (State)

Godfrey,

Ill.

DATE REC'D BY LOCAL REG.

JAN 4 1956

REGISTRAR'S SIGNATURE

J. Paul Smith M.D.

25. FUNERAL DIRECTOR'S SIGNATURE

E. F. Stoken

ADDRESS

Alton, Ill.

(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
Student Embalmer

Signed Louis Bonino.....

Licensed Embalmer No.

P. O. Address Acers, Ill......

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

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