

FILED FEB 17 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **6998**  
Registrar's No. **411**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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 OR TOWN <b>ST LOUIS</b> )		c. LENGTH OF STAY (In this place) _____	c. CITY OR TOWN <b>ST LOUIS</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>6044 CHILDRESS</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS <b>6044 CHILDRESS AVE</b>		(If rural, give location) <b>2029</b>	

3. NAME OF DECEASED a. (First) <b>LOUISE</b>		b. (Middle) _____		c. (Last) <b>NIEMANN</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>JAN, 11, 1956</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>10/22/1883</b>	9. AGE (In years last birthday) <b>72</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <b>ST LOUIS MISSOURI</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	

13a. FATHER'S NAME <b>LEOPOLD SPAETH</b>		13b. MOTHER'S MAIDEN NAME <b>JULIA</b>		14. NAME OF HUSBAND OR WIFE <b>HENRY NIEMANN</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>HARRY NIEMANN</b>	
				ADDRESS <b>6044 CHILDRESS</b>	

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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>24 hrs</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <b>Cerebral Thrombosis</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) starting at the underlying cause last: DUE TO (b) <b>athero-sclerosis</b> DUE TO (c) <b>Senile changes</b>		<b>5 yrs</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>arterio-sclerotic heart disease</b>			<b>6 months</b>

19a. DATE OF OPERATION <b>1/10/56</b>	19b. MAJOR FINDINGS OF OPERATION <b>Substantial destruction</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) <b>Heart</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>St Louis Missouri</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>1-10-56 11:00 a.m.</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>332 X</b>	

22. I hereby certify that I attended the deceased from **11-15-1955**, to **1-11-1956**, that I last saw the deceased alive on **1-10-56**, and that death occurred at **7:25 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>James M. Smith</b>		23b. ADDRESS <b>488 Maryland St</b>		23c. DATE SIGNED <b>1/12/56</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>1/14/56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>VALHALLA CEMETERY</b>	24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS COUNTY, MO</b>		
DATE REC'D BY LOCAL REG. <b>JAN 13 1956</b>	REGISTRAR'S SIGNATURE <b>Carl Smith MD</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>STROOT-CARROLL</b>			
		ADDRESS <b>4600 NATURAL BRIDGE</b>			

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 *M. W. Rueter*.....

Licensed Embalmer No. *486*

P. O. Address *St Louis, Mo.*

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.