

THE DIVISION OF HEALTH OF MISSOURI
FILED APR 12 1956 STANDARD CERTIFICATE OF DEATH

State File No. **11937**

BIRTH NO. _____ REG. DIST. NO. **312** PRIMARY REG. DIST. NO. **500** Registrar's No. **829**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lemay		c. CITY OR TOWN Lemay 4860	
c. LENGTH OF STAY (in this place) AB 20 yrs		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 725 Zeiss ave.		e. STREET ADDRESS (If rural, give location) 725 Zeiss	

3. NAME OF DECEASED (Type or Print) a. (First) Leo b. (Middle) H. c. (Last) Niewoehner			4. DATE OF DEATH (Month) (Day) (Year) March 27, 1956		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Feb. 6, 1892		9. AGE (In years last birthday) 64		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) Optometrist		10b. KIND OF BUSINESS OR INDUSTRY Self employed.		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME Peter Niewoehner		13b. MOTHER'S MAIDEN NAME Wilhelmina Freese		14. NAME OF HUSBAND OR WIFE Hedwig	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes 24 WW-1		16. SOCIAL SECURITY NO. 488-04-0661		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Hedwig Niewoehner 725 Zeiss ave.	
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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) Hypertensive Heart Disease			INTERVAL BETWEEN ONSET AND DEATH 3 years
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arterial hypertension			
		DUE TO (c)			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus			5 years

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)		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 **Nov 1, 1955**, to **Mar 27, 1956**, that I last saw the deceased alive on **Mar 27, 1956**, and that death occurred at **11:55 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE B. J. Mc Guinnis M.D. (Degree of title)		23b. ADDRESS 16 Hampton Village Plaza		23c. DATE SIGNED 3/28/56	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE March 30, 1956		24c. NAME OF CEMETERY OR CREMATORY St. Trinity Cemetery		24d. LOCATION (City, town, or county) (State) 2000 Lemay Ferry Road Lemay, Mo.	
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DATE REC'D BY LOCAL REG. 3-28-56		REGISTRAR'S SIGNATURE Herbert R. Dombke MD		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. Hoffmeister U. & L. Co. 7814 S. Broadway	
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26. (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..... *Linus C. Hoffmeyer*

Licensed Embalmer No. *387*

P. O. Address *7814 S.A.*

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.