

FILED APR 24 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15165**

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **500** Registrar's No. **895**

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

| | | | |
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| 1. PLACE OF DEATH a. COUNTY St Louis County | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY _____ | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bellewin | c. LENGTH OF STAY (In this place) 17 CITY OR TOWN St. Louis | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Pine Crest Home for the Aged | | e. STREET ADDRESS (If rural, give location) 4178a Shaw Ave. # 2114 | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) Cecilia b. (Middle) M. c. (Last) Niemann | | | 4. DATE OF DEATH (Month) (Day) (Year) 3 31 56 | | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow | 8. DATE OF BIRTH Nov 25 - 1877 | 9. AGE (In years last birthday) 78 | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework | | 10b. KIND OF BUSINESS OR INDUSTRY At Home | 11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo. | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |

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| 13a. FATHER'S NAME James A. Quirk | 13b. MOTHER'S MAIDEN NAME Ellen Bartnett | 14. NAME OF HUSBAND OR WIFE Late Oscar Niemann |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None | 16. SOCIAL SECURITY NO. None | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Oscar J. Niemann 5838 Walsh St. |

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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 | | INTERVAL BETWEEN ONSET AND DEATH 10 years? |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ARTERIOCLEROTIC HEART DISEASE | | |
| | ANTECEDENT CAUSES Marbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized Arteriosclerosis DUE TO (c) OSTEOARTHRITIS | | |

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| 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) 4200 |
| 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 **3-18**, 19**56**, to **3-31**, 19**56**, that I last saw the deceased alive on **3-21**, 19**56**, and that death occurred at **4 P.** m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) Dale B. Blandenship D.D. | 23b. ADDRESS Bellewin Niemann | 23c. DATE SIGNED 3-31-56 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 24b. DATE Apr. 4, 1956 | 24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery |
| 24d. LOCATION (City, town, or county) (State) St. Louis, Mo. | | |

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| DATE REC'D BY LOCAL REG. 4-2-56 | REGISTRAR'S SIGNATURE Herbert R. Donke MD | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wriegshauser 4228 S. Kingshighway Bl. |
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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.....
Signature of Student Embalmer

Signed *Edwin A. McQuinn*.....

Licensed Embalmer No. *302*

P. O. Address

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.