

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34569

State File No.

Jena
FILED OCT 22 1956

 BIRTH NO. _____ REG. DIST. NO. 5594 PRIMARY REG. DIST. NO. 162 Registrar's No. 80

1. PLACE OF DEATH a. COUNTY <u>JEFFERSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY _____	
b. CITY OR TOWN <u>RURAL MERAMEC</u>		c. LENGTH OF STAY (in this place) <u>1yr. 1m. 29 days</u>	c. CITY OR TOWN <u>ST. LOUIS</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. JOSEPH'S HILL INF.</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. JOSEPH'S HILL INF.</u>		e. STREET ADDRESS (If rural, give location) <u>3644 KEOKUK 2249</u>	
3. NAME OF DECEASED (Type or Print) <u>BERNARD NIEWOEHNER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct - 13 - 1956</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>DEC - 14 - 1888</u>
9. AGE (In years) <u>67</u>	IF UNDER 1 YEAR <u>9</u> MONTHS <u>29</u> DAYS	IF UNDER 24 HRS. Hours _____ Min. _____	11. BIRTHPLACE (City and State or Foreign Country) <u>ST. LOUIS, MO.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>BOOKKEEPER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>CANDY MFG.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>HARRY A. NIEWOEHNER</u>		13b. MOTHER'S MAIDEN NAME <u>ELIZABETH WINKELE</u>	14. NAME OF HUSBAND OR WIFE <u>NOT KNOWN</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u>		16. SOCIAL SECURITY NO. <u>UNKNOWN</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Dr. Joseph H. ...</u>
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CARDIAC INSUFFICIENCY</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>GENERALIZED ARTERIOSCLEROSIS</u> DUE TO (c) <u>SENILITY</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>4500</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) _____		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>8/14</u>, 19<u>55</u>, to <u>10/13</u>, 19<u>56</u>, that I last saw the deceased alive on <u>10/13</u>, 19<u>56</u>, and that death occurred at <u>9:50 Am.</u>, from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>J. Mander M.D.</u>		23b. ADDRESS <u>4323 Roland Blvd. - normally 2190.</u>	23c. DATE SIGNED <u>10/13/56</u>
24a. FUNERAL, CREMATION, OR REMOVAL (Specify) <u>Funeral</u>	24b. DATE <u>10-16-1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo</u>
DATE REC'D BY LOCAL REG. <u>10/13/56</u>		REGISTRAR'S SIGNATURE <u>Ruth J. ...</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. Bermuehle</u>
ADDRESS <u>381 Grand Blvd</u>		(Licensed Embalmer's Statement on Reverse Side)	

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

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JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

OCT 17 1958

OCT 18 1958

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 *Geo. Klingbermuehle*

Licensed Embalmer No. *461*

P. O. Address *St. Louis*

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.