FILED JAN 17 1957

# THE DIVISION OF HEALTH OF MISSOURI
## STANDARD CERTIFICATE OF DEATH

44965
STATE FILE NUMBER

Registration District No. 312 Primary Registration District No. 500 Registrar's No. 2814

**1. PLACE OF DEATH**
a. COUNTY: St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Des Peres — Inside Limits: Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 11916 Bayberry Lane — Length of stay in 1/2: 3 wks.

**2. USUAL RESIDENCE** (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri — b. COUNTY:
c. CITY OR TOWN: Saint Louis — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 4934 Theodore Ave. — Reside on Farm: Yes ☐ No ☒

**3. NAME OF DECEASED** (Type or print): First JULIA — Middle — Last NIES

**4. DATE OF DEATH**: Month Nov. Day 27, Year 1956

**5. SEX**: Female
**6. COLOR OR RACE**: White
**7. MARRIED** ☒ **NEVER MARRIED** ☐ **WIDOWED** ☐ **DIVORCED** ☐
**8. DATE OF BIRTH**: July 1, 1893
**9. AGE** (In years last birthday): 63 — 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): Housewife
**10b. KIND OF BUSINESS OR INDUSTRY**: home
**11. BIRTHPLACE** (City and state or country): St. Louis, Missouri
**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

**13. FATHER'S NAME**: Christian Klein
**14. MOTHER'S MAIDEN NAME**: Johanna Schwamhorne

**15. WAS DECEASED EVER IN U. S. ARMED FORCES?** (Yes, no, or unknown): no — (If yes, give war or dates of service): none
**16. SOCIAL SECURITY NO.**: 489-16-6756
**17. INFORMANT**: Mr. Frank Klein — Address: 4934 Theodore Avenue

**18. CAUSE OF DEATH** [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Hypertensive Cardio vascular disease
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): diabetes mellitus —
DUE TO (c): 260X

INTERVAL BETWEEN ONSET AND DEATH: 1941 — 15 yr interval 4 yrs

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

**19. WAS AUTOPSY PERFORMED?** YES ☐ NO ☒ 2

**20a. ACCIDENT** ☐ **SUICIDE** ☐ **HOMICIDE** ☐
**20b. DESCRIBE HOW INJURY OCCURRED.** (Enter nature of injury in Part I or Part II of item 18.)
**20c. TIME OF INJURY** Hour a. m. p. m. Month, Day, Year
**20d. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**20e. PLACE OF INJURY** (e. g., in or about home, farm, factory, street, office bldg., etc.)
**20f. CITY, TOWN, OR LOCATION** COUNTY STATE

**21.** I attended the deceased from 1941, to 1956 and last saw her alive on Nov 14/56
Death occurred at 11 2 a m on the date stated above; and to the best of my knowledge, from the causes stated.

**22a. SIGNATURE** (Degree or title): F. R. Finnegan M.D.
**22b. ADDRESS**: 539 N Grand Ave
**22c. DATE SIGNED**: 11/28/56

**23a. BURIAL, CREMATION, REMOVAL** (Specify): Removal
**23b. DATE**: 11/29/56
**23c. NAME OF CEMETERY OR CREMATORY**: Calvary Cemetery
**23d. LOCATION** (City, town, or county) (State): St. Louis, Missouri

**24. FUNERAL DIRECTOR** ADDRESS: JOHN STYGAR & SON — 5541 RIVERVIEW BLVD.
**25. DATE RECD. BY LOCAL REG.**: 11-28-56
**26. REGISTRAR'S SIGNATURE**: Herbert R. Domke M.D.

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.