

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-007500

STATE FILE NUMBER

2 1404

Registration District No. _____ Primary Registration District No. _____ Registrar No. _____

FILED MAR 2 1959

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Des Peres 4000
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bethesda Hosp.		Length of stay in lb - 2 days -	d. STREET ADDRESS (If outside, give location) 12,314 Manchester
3. NAME OF DECEASED (Type or print) First Middle Last EMMA SALOME NIERMAN			4. DATE OF DEATH Month Day Year Feb. 7, 1959
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 2, 1880
10a. USUAL OCCUPATION (Give kind of work done during most of waking life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY none	9. AGE (In years last birthday) 78
11. BIRTHPLACE (City and state or country) Des Peres, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Joseph Diem		13b. MOTHER'S MAIDEN NAME Louise Orth	14. NAME OF HUSBAND OR WIFE Edward Nierman, Sr.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT Address Des Peres, Mo. Edward Nierman-12,314 Manchester Rd.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Pulmonary Embolism (left)</i>			INTERVAL BETWEEN ONSET AND DEATH 30 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Arteriosclerotic gangrene left leg.</i>			chr.
DUE TO (c) <i>Arteriosclerotic vascular disease</i>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 450.1			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 <i>July 1957</i> to <i>Feb 7th 1959</i> , and last saw ^{him} alive on <i>Feb 7th 1959</i> . Death occurred at <i>8:35 p.</i> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>W. H. Abangh M.D.</i> (Degree or title)		22b. ADDRESS <i>Webster Groves Mo</i>	22c. DATE SIGNED <i>2/9/59</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE Feb. 10, 1959	23c. NAME OF CEMETERY OR CREMATORY St. Paul's Cem.	23d. LOCATION (City, town, or county) (State) Des Peres, Mo.
24. FUNERAL DIRECTOR Pfitzinger I ort. Kirkwood 22, Mo.		25. DATE RECD. BY LOCAL REG. FEB 9 '59	26. REGISTRAR'S SIGNATURE <i>Carl Smith, M.D.</i>

m d b

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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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, *Ben E. Hoffman*
Licensed Embalmer No. *11173*
P. O. Address *Genoa, Ill.*

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.