

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-009149

DO NOT WRITE ON THIS STUD

AMENDED

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **2579** STATE FILE NUMBER

<p>FILED MAR 14 1963</p> <p>1. PLACE OF DEATH a. COUNTY</p>		<p>2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)</p> <p>a. STATE Missouri COUNTY</p>	
<p>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis</p>		<p>Length of stay in 1b 17 days</p>	
<p>c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Lutheran Hosp</p>		<p>d. STREET ADDRESS (If outside, give location) 3755 Upton</p>	
<p>3. NAME OF DECEASED (Type or print) First Middle Last George G. Niederer Jr.</p>		<p>4. DATE OF DEATH Month Day Year 3-3-63</p>	
<p>5. SEX Male</p>		<p>6. COLOR OR RACE White</p>	
<p>7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/></p>		<p>8. DATE OF BIRTH 7-23-1888</p>	
<p>9. AGE (last birthday) 74</p>		<p>IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.</p>	
<p>10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mailier</p>		<p>10b. KIND OF BUSINESS OR INDUSTRY Post Dispatch</p>	
<p>11. BIRTHPLACE (City and state or country) St. Louis</p>		<p>12. CITIZEN OF WHAT COUNTRY U.S.</p>	
<p>13a. FATHER'S NAME George G. Niederer Sr.</p>		<p>13b. MOTHER'S MAIDEN NAME Rose Fiferlich</p>	
<p>14. NAME OF HUSBAND OR WIFE Rose Smith Niederer</p>		<p>15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates) No</p>	
<p>16. SOCIAL SECURITY NO.</p>		<p>17. INFORMANT Address Rose Niederer 3755 Upton</p>	
<p>18. CAUSE OF DEATH (Enter only one cause) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial infarction</p>		<p>INTERVAL BETWEEN ONSET AND DEATH 1 mo</p>	
<p>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerosis Heart disease</p>		<p>4200</p>	
<p>DUE TO (c)</p>		<p>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) (1) Diabetes mellitus mild (2) Rheumatoid arthritis (yr)</p>	
<p>19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>		<p>20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	
<p>20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)</p>		<p>PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p>	
<p>20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year</p>		<p>20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/></p>	
<p>20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)</p>		<p>20f. CITY, TOWN, OR LOCATION COUNTY STATE</p>	
<p>21. I attended the deceased from Feb. 14, 1963 to Mar. 3, 1963 and last saw him alive on Mar. 3, 1963 Death occurred at 10:45 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.</p>			
<p>22a. SIGNATURE (Degree or title) Geo A Seib M.D.</p>		<p>22b. ADDRESS 2323 Lafayette, St Louis Mo</p>	
<p>22c. DATE SIGNED 3-5-63</p>		<p>23a. BURIAL, CREMATION, REMOVAL (Specify) Burial</p>	
<p>23b. DATE 3-7-63</p>		<p>23c. NAME OF CEMETERY OR CREMATORY Nt Hope Mausoleum</p>	
<p>23d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.</p>		<p>24. FUNERAL DIRECTOR ADDRESS Weick Bros 2201 S. Grand Blvd.,</p>	
<p>25. DATE RECD. BY LOCAL REG. MAR 6 1963</p>		<p>26. REG. YEAR'S SIGNATURE Road Smith, M.D.</p>	

VS 300 Rev. 4/59

1

2 **2017**

3

4 **0**

5 **1**

6

7 **0**

8 **2**

9

10

11

12 **65-0**

13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

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 *John J. James*
Licensed Embalmer No. 4108

P. O. Address *St Louis Mo*

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.