

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-045856

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11507

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED DEC - 2 1963

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis Length of stay in 1b 2 1/2 weeks
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DePaul Hospital Inside Limits Yes No
2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY
c. CITY OR TOWN St. Louis Inside Limits Yes No
d. STREET ADDRESS (If outside, give location) 1265 Gimblin Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last George H. Nieters Sr.
4. DATE OF DEATH Month Day Year November 19 1963

5. SEX Male 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced
8. DATE OF BIRTH 5-30-1889 9. AGE (last birthday) 74 years IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Nationaly Eng. 10b. KIND OF BUSINESS OR INDUSTRY St. Louis Screw 11. BIRTHPLACE (City and state or country) St. Louis Missouri 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Joseph J. Nieters 13b. MOTHER'S MAIDEN NAME Hannah L. Dusin 14. NAME OF HUSBAND OR WIFE Stella Nieters

15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or dates) NO 16. SOCIAL SECURITY NO. 17. INFORMANT Mrs. Stella Nieters 1265 Gimblin Street St. Louis Missouri

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Carcinoma of Prostate
DUE TO (b) Pulmonary embolism
DUE TO (c) 177X
CONDITIONS, if any, which gave rise to above cause (a), stating the underlying cause last.

INTERVAL BETWEEN ONSET AND DEATH
7 hrs
20 min.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Pulmonary embolism
PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO
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 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 Oct 1 1962 to Nov 19, 1963 and last saw him alive on Nov 19, 1963
Death occurred at 11:30 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Charles Jost M.D. 22b. ADDRESS 6000 W. Florissant 22c. DATE SIGNED 11-20-63

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal 23b. DATE 11-22-1963 23c. NAME OF CEMETERY OR CREMATORY New St. Marcus Cemetery 23d. LOCATION (City, town, or county) (State) St. Louis County, Missouri

24. FUNERAL DIRECTOR Address Match Hermann & Son, Inc. 2181 East Fair St. Louis Missouri 63108 25. DATE RECD. BY LOCAL REG. NOV 21 1963 26. REGISTRAR'S SIGNATURE Road Smith. M.D.

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 Julius R Brown

Licensed Embalmer No. 5146

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.