

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

0051038

Registration District No. 318

Primary Registration District No. 1008

Registrar's No. 13113

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED JAN 16 1964

VS 300 Rev. 4/59	DATE AMENDED
1	
2 <u>2079</u>	
3	
4 <u>0</u>	
5 <u>1</u>	
6	
7 <u>0</u>	
8 <u>2</u>	
9	
10	
11	
12 <u>90.0</u>	
13	
90	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF
ITEM NO.	SHOULD READ
BY AFFIDAVIT OF	DOCUMENT

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>St. Louis</u>		c. CITY OR TOWN <u>St. Louis</u>	
Length of stay in 1b <u>2 wks</u>		Inside Limits <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>5391 N. Kingshighway Blvd</u>		d. STREET ADDRESS (If outside, give location) <u>5391 N. Kingshighway Blvd</u>	
3. NAME OF DECEASED (Type or print) First <u>William</u> Middle <u>Niemetz</u> Last		4. DATE OF DEATH Month <u>December</u> Day <u>31</u> Year <u>1963</u>	
5. SEX <u>M.</u>	6. COLOR OR RACE <u>white</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>11/2/1908</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>service station</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) <u>60</u>
13a. FATHER'S NAME <u>Frank Niemetz</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Riegele</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <input type="checkbox"/>	17. INFORMANT Address <u>Vera E. Niemetz, 5391 N. Kingshighway Blvd</u>
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Thrombosis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>5-6 hrs.</u>
DUE TO (b) <u>Cerebral Arteriosclerosis</u>			<u>3 yrs.</u>
DUE TO (c) <u>Generalized Arteriosclerosis</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Diabetes Mellitus 332x</u>			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
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <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 <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Month, Day, Year		
20d. INJURY OCCURRED WHILE AT WORK <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 <u>July 1961</u> to <u>Dec 31, 1963</u> and last saw ^{her} him <u>live</u> on <u>Oct 29, 1963</u> Death occurred at <u>8:00 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Murray Chinsky M.D.</u>		22b. ADDRESS <u>6223 Nat Bldg</u>	22c. DATE SIGNED <u>1/2/64</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>	23b. DATE <u>1/3/64</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>	23d. LOCATION (City, town, or county) (State) <u>St. Louis County Mo</u>
24. FUNERAL DIRECTOR <u>Buchholz Mortuary, 5967 W. Florissant Ave.</u>		25. DATE RECD. BY LOCAL REG. <u>JAN 3 1964</u>	26. REGISTRAR'S SIGNATURE <u>Earl Smith, M.D.</u>

USE BLACK INK OR TYPEWRITER RIBBON

3001890

STATE OF CALIFORNIA

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 Ralph E. Linderus

Licensed Embalmer No. 4275

P. O. Address Al. Linderus

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.