

REC'D SEP 12 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

27300
Do not use this space.

791
1008

7314

1. PLACE OF DEATH

(a) County Registration District No.
(b) Township Primary Registration District No.
(c) City Saint Louis, Missouri (d) Street No. 4066 Flora Blvd. Registered No.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Eugenie Niedner

(a) Residence, No. 4066 Flora Blvd. St. 17
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 19th, 1862
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
76 6 27

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saint Louis, Missouri

FATHER 13. NAME Moritz Niedner

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Rosalie Cramer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Ludwig C. Niedner
(ADDRESS) 4066 Flora Blvd.

18. BURIAL, CREMATION, OR REMOVAL PLACE Missouri Crematory DATE August 18, 1938

19. FUNERAL DIRECTOR Zeigenshain Bros.
(ADDRESS) 2623 Cherokee Street.

20. FILED AUG 28 1938
J. F. Budzik
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 16th, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 17th, 1935, to August 16, 1938
I last saw her alive on August 16, 1938. Death is said to have occurred on the date stated above, at 9:30 A.M.

The principal cause of death and related causes of importance were as follows:

Carcinoma in mouth
Primary site in tongue
metastasis on right side

Date of onset
March 17, 1935

Other contributory causes of importance: 45B

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury 45B

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Henry W. Schuff M. D.
(Address) 2603 Cherokee St.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1 X12004

STATEMENT BY LICENSED EMBALMER

I, **Vearyl E. Morris.** Licensed Embalmer No. **3360.**

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No.....or by..... Registered Apprentice No.....
working under my personal supervision.

Signed

Vearyl E. Morris

Licensed Embalmer No. **3360.**

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.)