

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

REV. 6-17-39  
 1 X1811

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.

DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
 STANDARD CERTIFICATE OF DEATH

State File No. 38181  
 Registrar's No. 10020

DEC 13 1939 791  
 Registration District No. 1008

Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH: 1008  
 (a) County \_\_\_\_\_  
 (b) City or town St. Louis  
 (c) Name of hospital or institution: Christian Hospital  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
 In this community 81 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County \_\_\_\_\_  
 (c) City or town St. Louis 26  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 1115 Chambers  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME LOUIS M. NIEDERBERGER  
 (b) If veteran, name war No  
 (c) Social Security No. None

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Nov day 22<sup>nd</sup>  
 year 1939 hour 8 minute 15 P.M.  
 21. I hereby certify that I attended the deceased from Nov 16<sup>th</sup>  
 1939 to Nov 22<sup>nd</sup> 1939  
 that I last saw him alive on Nov. 22<sup>nd</sup> 1939  
 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White  
 6. (a) Single, widowed, married, divorced Widowed  
 6. (b) Name of husband or wife Mary Niederberger  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased Oct-1 20 1888  
 (Month) (Day) (Year)

Immediate cause of death Robert pneumonia (rt) Duration 5 days  
 Due to Lungs  
 Due to \_\_\_\_\_  
 Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_  
 Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

8. AGE: Years 81 Months 7 Days 2 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace St. Louis Mo  
 (City, town, or county) (State or foreign country)

10. Usual occupation Retired  
 11. Industry or business Unknown 6

MOTHER FATHER  
 12. Name Michael Niederberger  
 13. Birthplace Germany  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Unknown  
 15. Birthplace Germany  
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Louis C. Niederberger  
 (b) Address R.R. #2 St. Charles, Mo

17. (a) Burial (b) Date thereof 11-25-39  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Fly Higgins Uelob  
 (b) Address 1417 N. Market St.

19. (a) NOV 24 1939 (b) J. Bredsch  
 (Date received local Registrar) (Registrar's signature)

PHYSICIAN  
 Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence \_\_\_\_\_  
 (c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work \_\_\_\_\_ (Specify type of place)  
 (e) Means of injury \_\_\_\_\_

23. Signature Arthur Bredsch (M. D. or other) M.D.  
 Address 2202 Broadway St. Date signed 11/23/39

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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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed..... *Warner L. Pender* .....

Licensed Embalmer No. *8367* .....

P. O. Address. *223 St Louis Ave* .....

**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 this body is not embalmed, above space should be left blank.**