

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 8657
Registrar's No. 2140

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Hospital, #1 /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 13 Days
(Specify whether
In this community Birth
years, months or days)

3. (a) PRINT FULL NAME Milton Niedringhaus
3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife Divorced Unknown 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased July 11, 1880
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
59 7 19 hr. _____ min.

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

10. Usual occupation Unemployed

11. Industry or business _____

12. Name William H Niedringhaus
13. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country)

14. Maiden name Anna Becker
15. Birthplace St. Louis, Missouri (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Elmer H Niedringhaus
(b) Address 2561 Edison Ave Granite City

17. (a) Burial (b) Date thereof 3/4/40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Hill Granite City

18. (a) Signature of funeral director Math Hermann & Son
(b) Address 2161 East Fair Ave

19. (a) MAR 4 1940 (b) _____
(Date received local registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. Ozanam home 3225 Montgomery (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 1, year 1940 hour 3:10 minute P. M.
21. I hereby certify that I attended the deceased from February 17, 1940 to March 1, 1940, that I last saw him alive on March 1, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary embolism
no response
Due to chronic myocarditis
Due to Coronary hypertrophy
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations 930
Of autopsy as above
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 fall

23. Signature [Signature] (M. D. or other) _____
Address 1515 Lafayette Date signed 3/2/40

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

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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.

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 *William G. Buchholz*

Licensed Embalmer No. *2110 J*

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