

No. 2
-10-39
7-39
X21492

SEP 25 1940

Registration District No. _____

Primary Registration District No. _____

Registrar's No. **6550**

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3540 Wyoming 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 16
(If outside city or town limits, write "RURAL")
(d) Street No. 3540 Wyoming
(If rural, give location)
(e) If foreign born, how long in U. S. A. 40 years years.

3. (a) PRINT FULL NAME Louis Nitche 320

3. (b) If veteran, name war _____ 3. (c) Social Security No. 492-01-4906

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Edna 6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased Sept. 18, 1879
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>60</u>	<u>10</u>	<u>13</u>	hr. _____ min.

9. Birthplace Leyssig Germany
(City, town, or county) (State or foreign country)

10. Usual occupation Waiter

11. Industry or business _____

12. Name Louis Nitche

13. Birthplace Not known Germany
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Not known Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Edna Nitche

(b) Address 3540 Wyoming

17. (a) burial (b) Date thereof Aug. 3, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Jno. J. Ziegenhain Sons
(b) Address 7027 Gravois

19. (a) AUG 2 1940 (b) J. J. Predeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 31
year 1940 hour _____ minute 4 P. M.

21. I hereby certify that I attended the deceased from July 29
1940, to July 31 1940;
that I last saw him alive on July 31 1940
and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma Stomach
@ Inguinal Adenopathy

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) H/O

Major findings: Of operations _____
Of autopsy _____

Duration _____
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? _____

(Specify type of place) _____
While at work? _____
(Specify means of injury) _____

23. Signature Nathan G. Leiby (M. D. or other) _____
Address 2739 N Grand State signed 8/1/40

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

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 C. P. Redman

Licensed Embalmer No. 3877

P. O. Address 7027 Gravois

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.