

No. 2
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26737

SEP 17 1941

State File No.

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 6529

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

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:
St. John's
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
(Specify whether)

In this community.....
years, months or days)

3. (a) PRINT FULL NAME Bernard H. Niehaus

3. (b) If veteran, name war.....
none

3. (c) Social Security No. 329-10-1427

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Bertha Ray

6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased. Feb. 10, 1902
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>39</u>	<u>5</u>	<u>29</u>	hr. min.

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

10. Usual occupation Midland Plumbing Sup. President

11. Industry or business.....

MOTHER FATHER

12. Name Herman Niehaus

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

14. Maiden name Elizabeth Aka

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

16. (a) Informant Chas. Beck
(b) Address East St. Louis, Ill

17. (a) Burial (b) Date thereof Aug. 11, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peter & Paul

18. (a) Signature of funeral director Chas. Beck
(b) Address East St. Louis, Ill

19. (a) AUG 10 1941 (b) J. H. Oredick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County St. Clair

(c) City or town Belleville
(If outside city or town limits, write "RURAL")

(d) Street No. 9 Country Club Pl
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 2 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 8
year 1941 hour 10 minute 45 P.M.

21. I hereby certify that I attended the deceased from May 8 1941
....., 19....., to Aug 8, 1941;
that I last saw h. in alive on Aug 8, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death:

Meningitis
encephalitis

Duration 3 mo
3 mo

Due to non epidemic

Due to 810

Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
Of operations 710

Of autopsy Same

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 Thomas M. Martin (M. D. or other) D
Address 634 No Grand Date signed Aug 9 1941

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.....

Licensed Embalmer No. *2421*

P. O. Address *East St. Louis, Ill.*

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, fact should be so stated above.