S. No. 2
M—9-4-41
v. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

22992

State File No.

FILED AUG 14 1942

Registration District No. 7911 Primary Registration District No. 1003

Registrar's No. 6659

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis, Mo (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: BARNES HOSPITAL 0 (If not in hospital or institution, write street number or location)

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

In this community 3 days years, months or days)

2. USUAL RESIDENCE OF DECEASED: 944

(a) State Illinois (b) County Monroe

(c) City or town Valmeyer 11 NR (If outside city or town limits, write "RURAL")

(d) Street No. — 0 (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country — 2

3. (a) PRINT FULL NAME George Mens Niebruegge

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race White 0

6. (a) ~~Single, widowed~~, married, ~~divorced~~ Married 1

6. (b) Name of husband or wife Lydia Neibruegge

6. (c) Age of ~~husband or~~ wife if alive 55 years

7. Birth date of deceased March (Month) 4 (Day) 1886 (Year)

8. AGE: Years	Months	Days	If less than one day
56	5	1	— hr. — min.

9. Birthplace Harrisonville (City, town, or county) Illinois (State or foreign country)

10. Usual occupation Farmer

11. Industry or business any kind

FATHER
12. Name Henry Neibruegge
13. Birthplace Unknown (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Johanna Josten
15. Birthplace Unknown (City, town, or county) Germany (State or foreign country)

16. (a) Informant Lydia Neibruegge

(b) Address Valmir Ills

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof August (Month) (Day) (Year)

(c) Place: burial or cremation Valmeyer, Illinois

18. (a) Signature of funeral director H. Quernheim

(b) Address Waterloo, Illinois

19. (a) AUG 6 1942 (Date received local registrar) J. F. Bredeck (Registrar's signature)

844

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 5th year 1942 hour 8 minute 40 P. M.

21. I hereby certify that I attended the deceased from August 3 1942, 19, to August 5th, 1942 that I last saw him alive on August 5 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acute Myocardial Infarction	3 days
Due to Coronary Thrombosis	
Due to Coronary Arteriosclerosis	
Other conditions — (Include pregnancy within 3 months of death)	

Major findings:
Of operations —

Of autopsy Thrombosis of L. Descending Coronary a. c̄ recent post. Infarction

944

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Anne C. Tompkins (M. D. or other)

Address Barnes Hospital Date signed 8-6-42

(Licensed Embalmer's Statement on Reverse Side)

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 Me

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Ben. H. Baldwin

Licensed Embalmer No. 2420

P. O. Address E. St. Louis Ills

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.