

FILLED NOV 20 1943

Registration District No. 317

Primary Registration District No. 3069

Registrar's No. 2559

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Marys Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2-1/2 days
(Specify whether)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County St. Louis

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

(d) Street No. R. R. # 13 Ballas Rd.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

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

3. (b) If veteran, name war _____ (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Fred Niehaus 6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased July 24 1885
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>58</u>	<u>3</u>	<u>24</u>	hr. _____ min. _____

9. Birthplace Old Monroe Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Farbeck

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

14. Maiden name Farbeck

15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Fred Niehaus

(b) Address R. R. # 13 Box 1375 Kirkwood

17. (a) Burial (b) Date thereof 11-19-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old Monroe Mo.

18. (a) Signature of funeral director Louis H. Bopp Inc.

(b) Address Kirkwood, Mo.

19. (a) NOV 19 1943 (b) E. G. McHarran, M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV day 17
year 1943 hour _____ minute 2:30 a.m.

21. I hereby certify that I attended the deceased from Nov 13, 1943, to Nov 17, 1943,
that I last saw her alive on Nov 16, 1943,
and that death occurred on the date and hour stated above.

Immediate cause of death Strangulation of small intestine Duration 6 days

Due to Post operative adhesions 10 yrs

Due to Abdominal hernia 10 yrs

Other conditions no
(Include pregnancy within 3 months of death)

Major findings: yes. Strangulation of bowel by adhesions

Of autopsy no

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) no

(b) Date of occurrence no

(c) Where did injury occur? no
(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 Edward J. ... (M. D. or other) MD
Address 505 N. ... Date signed 11/17/43

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: *Felix Durand*
Licensed Embalmer No. *3034*
P. O. Address *Berkwood 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, fact should be so stated above.