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

10407

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 18 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 11495

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2183

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: 3400 So. Grand,
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 month (Specify whether
In this community Life,
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis,
(If outside city or town limits, write "RURAL")

(d) Street No. 3400 So. Grand,
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Josephine Nischwitz,

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Henry,

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

7. Birth date of deceased September 12, 1860
(Month) (Day) (Year)

8. AGE: Years 85 Months 5 Days 19 If less than one day hr. min.

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

10. Usual occupation Housewife,

11. Industry or business

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

MOTHER
14. Maiden name do
15. Birthplace do (City, town, or county) (State or foreign country)

16. (a) Informant Otto Nischwitz,
(b) Address 5412 Sunshine Dr.,

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/4/46 (Month) (Day) (Year)
(c) Place: burial or cremation Old SS Peter Y Paul

18. (a) Signature of funeral director Oscar J Hoffmeister
(b) Address 4016 Chippewa,

19. (a) MAR 6 1946 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 1
year 1946 hour 11 minute 45 P.M.

21. I hereby certify that I attended the deceased from Feb 1 1946 to March 1 1946
that I last saw her alive on Feb 26 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Arterio Scleroses Cardio Scleroses — Duration 1

Due to

Due to Pulmonary Fibrosis Ch Bronchitis — 6 Mo

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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? Means of injury

23. Signature E. R. Reedy (M. D. or other)

Address 607 N Grand Date signed 3/5/46

(Licensed Embalmer's Statement on Reverse Side)

2183

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 Henry M Brammer

Licensed Embalmer No. 4200

P. O. Address.....

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.