

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

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:
5617 Pamplin Place /
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County.....
 (c) City or town..... St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 5617 Pamplin Place
(If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME Gustav W. Niehaus

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

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

6. (b) Name of husband or wife..... Ella 6. (c) Age of husband or wife if alive..... 63 years

7. Birth date of deceased..... February 6th - 1874
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
72 5 26 hr. min.

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

10. Usual occupation..... Retired

11. Industry or business.....

12. Name..... Casper Niehaus

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

14. Maiden name..... Unknown

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

16. (a) Informant..... Ella Niehaus

(b) Address..... 5617 Pamplin Place

17. (a) burial (b) Date thereof..... Aug. 5, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... St. Paul's Church Yard

18. (a) Signature of funeral director..... Wacker, Alder N. & L. Co.

(b) Address..... 3634 Gravois, St. Louis, Mo.

19. (a) AUG 3 1946 (b) J. F. Bradeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 2nd
 year 1946 hour 7 minute 10 A.M.

21. I hereby certify that I attended the deceased from Sept 1943
 to Aug 2 1946
 that I last saw him alive on Aug 1 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death.....
Carcinoma of prostate 4 yrs
(Primary)
Carcinoma of pancreas
(Primary)
 Due to metastasis

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?.....

While at work?..... (Specify type of place) (c) Means of injury.....

23. Signature..... Carl A. Watterberg (M. D. or other)
 Address..... 3920 Washington Date signed 5/2/46

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 Robert C. White

Licensed Embalmer No. 2178

P. O. Address Phoenix, Ariz.

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.