S. No. 2
DM—2-4
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 30 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 31298

Registration District No. 517 Primary Registration District No. 3066 Registrar's No. 934

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: 1160 Simmons Ave (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 Mo (b) County STL 76

(c) City or town Kirkwood 4 (If outside city or town limits, write "RURAL")

(d) Street No. 1160 Simmons Ave 2 (If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Katherine Niebruegge

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex F 1

5. Color or race W.

6. (a) Single, widowed, married, divorced W 2

6. (b) Name of husband or wife John R.

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

7. Birth date of deceased Feb (Month) 28 (Day) 1861 (Year)

8. AGE:

Years	Months	Days	If less than one day
85	6	15	hr. min.

9. Birthplace (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Retired Housewife

11. Industry or business

FATHER
12. Name Reinke 4
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Mary Kleinsorge
15. Birthplace (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant John Niebruegge

(b) Address 1160 Simmons Ave Kirk

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-16-46 (Month) (Day) (Year)

(c) Place: burial or cremation Trinity Luth Cmty

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

(b) Address Kirkwood Mo.

19. (a) 9-16-46 (Date received local registrar) (b) Ruth D Allen MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 13 year 1946 hour 2 minute 30 P M.

21. I hereby certify that I attended the deceased from Sept 4, 1946, to Sept 13, 1946; that I last saw her alive on Sept 13, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to Senility

Due to 93d.

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 0

23. Signature Royal C. McLean MD (M. D. or other)

Address Kirkwood Mo. Date signed 9/14/46

(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.....

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

working under my personal supervision.

Signed.....Felix Durand.....

Licensed Embalmer No.....3034.....

P. O. Address.....Kirkwood (22) 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.