

FILED JAN 16 1947
Registration District No. 116

Primary Registration District No. 3020

Registrar's No. 8715

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

1. PLACE OF DEATH:
(a) County Franklin
(b) City or town Washington
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Francis Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 days. (Specify whether years, months or days)

3. (a) PRINT FULL NAME Edward Niehaus
3. (b) If veteran, name war X
3. (c) Social Security No. None

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife X
6. (c) Age of husband or wife if alive X years
7. Birth date of deceased: August 16th, 1873
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>73</u>	<u>4</u>	<u>22</u>	hr. min.

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

10. Usual occupation: Farming

11. Industry or business: "

MOTHER FATHER
12. Name: Unknown Unknown
13. Birthplace: " "
14. Maiden name: Unknown Unknown
15. Birthplace: " "

16. (a) Informant: Mrs. Robert LaVear
(b) Address: Labadie, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Jan. 11, 1947
(Month) (Day) (Year)

(c) Place: burial or cremation: St. Louis, Mo.

18. (a) Signature of funeral director: Neilburg & Vitt, Inc.

(b) Address: Washington, Mo.

19. (a) 1/10/47 (Date received local registrar) (b) [Signature] (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Franklin
(c) City or town Labadie "rural"
(If outside city or town limits, write "RURAL")
(d) Street No. "rural"
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country: X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 8th, year 1947 hour 10:00 minute 20 P.M.

21. I hereby certify that I attended the deceased from Dec. 27, 1946, to Jan. 8, 1947, that I last saw him alive on Jan. 8, 1947, and that death occurred on the date and hour stated above. Immediate cause of death: Acute Cardiac Decompensation

Due to Myocarditis
Exacerbated by pneumonia

Other conditions: _____ (Include pregnancy within 3 months of death)

Major findings: Of operations: [Signature]
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) (e) Means of injury: O

23. Signature: [Signature] (M. D. or other) _____
Address: Washington, Mo. Date signed: 1/10/47

RECEIVED
District Health Officer No. 9,
District File Number
Date filed JAN 14 1947

JAN 29 1947

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.....

Jerome F. Swoboda

Registered Apprentice No. *441*

working under my personal supervision.

Signed *Lester A. Witt*

Licensed Embalmer No. *3254*

P. O. Address *Washington, 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.