

S. No. 2
M-1/47
7-5-17-39

UNITED STATES DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **22994**
Registrar's No. **1357**

National Office of Vital Statistics
FILED JUL 3 1947
Registration District No. **3194**

Primary Registration District No. **6076**

1. PLACE OF DEATH:
(a) County **St. Louis Co. Mo.**
(b) City or town **Florissant Station R. 1**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **None**
(Specify whether years, months or days) **40. yrs.**

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **St. Louis** **96**
(c) City or town **Florissant Station R 1**
(If outside city or town limits, write "RURAL")
(d) Street No. **Florissant Station R 1**
(If rural, give location) **0**
(e) Citizen of foreign country? (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME **August Niehaus Sr. (none)**
3. (b) If veteran, name war **none** 3. (c) Social Security No. **none**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **June** day **21**
year **1947** hour minute **P.M.**

4. Sex **Male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **Bertha Niehaus**
6. (c) Age of husband or wife if alive **1879** years
7. Birth date of deceased **Sept. 17 1879**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **2**, 19... to **19**... that I last saw him alive on **19**... and that death occurred on the date and hour stated above.

8. AGE: Years **67** Months **9** Days **4** If less than one day **hr. min.**

Immediate cause of death **strangulation by ligature, body found hanging in shed on his farm.**
Due to **169a**
Due to
Other conditions (Include pregnancy within 3 months of death)
PHYSICIAN
Underline the cause of which death should be charged statistically.

9. Birthplace **St. Louis Co. Mo.**
(City, town, or county) (State or foreign country)
10. Usual occupation **Farmer**

MOTHER FATHER
11. Industry or business
12. Name **Herman Niehaus**
13. Birthplace **St. Louis Co. Mo.**
(City, town, or county) (State or foreign country)
14. Maiden name **Marie Gerling**
Germany
15. Birthplace **Germany**
(City, town, or county) (State or foreign country)

Major findings: Of operations
XXXX
22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) **Suicide**
(b) Date of occurrence **June 21, 1947.**
Where did injury occur? **St. Louis County, Mo.**
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? **On farm.**
While at work? (Specify type of place) **Strangulation**
Means of injury **ligature**

16. (a) Informant **Erwin Niehaus**
(b) Address **Florissant Station R. 1**
Burial
17. (a) **Burial** (b) Date thereof **June 24 1947**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Salem Luth. Cem.**
18. (a) Signature of funeral director **Diedrich F. Howe**
(b) Address **8319 Halle Ferry Rd.**
19. (a) **6-25-47** (b) **Carl A. Kaye**
(Date received local registrar) (Registrar's signature)

23. Signature **Arnold J. Willmann**
Address **Clayton, Mo.** Date signed **6/24/47**

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

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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.....

John J. Dennehy

Licensed Embalmer No.

4194

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.