

S. No. 300  
DM-10-47  
Rev. 5-17-39  
I 3906

FEDERAL BUREAU OF INVESTIGATION  
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 14848  
Registrar's No. 9357

FILED APR 30 1948

Registration District No. 377

Primary Registration District No. 3063

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

1. PLACE OF DEATH:

(a) County ST LOUIS

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

(c) Name of hospital or institution:  
ST LOUIS COUNTY HOSPITAL  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 DAYS  
(Specify whether)

In this community 35 YEARS  
(years, months or days)

3: (a) PRINT FULL NAME CHARLES NIEDERMILLER

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. 498-07-6844

4. Sex M 5. Color or race W 6. (e) Single, widowed, married, divorced W

6. (b) Name of husband or wife SADIE NIEDERMILLER 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased 72 15 1878  
(Month) (Day) (Year)

8. AGE: Years 72 Months 3 Days 26 If less than one day: hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace ST LOUIS MISSOURI  
(City, town, or county) (State or foreign country)

10. Usual occupation NONE - MACHINIST

11. Industry or business NONE - RETIRED 5 YEARS

12. Name UNKNOWN 9

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

14. Maiden name UNKNOWN 9

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

16. (a) Informant KENNETH NIEDERMILLER

(b) Address 7036 WESTMORELAND

17. (a) BURIAL (b) Date thereof 4-13-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation BETHANY CEMETERY

18. (a) Signature of funeral director SHEPARD FUNERAL HOME

(b) Address 1162 HAMILTON AVE

19. (a) 4-13-48 (b) Charles H. [Signature]  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST LOUIS 96

(c) City or town UNIVERSITY CITY 3  
(If outside city or town limits, write "RURAL") 5

(d) Street No. 6547 FTZEL  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No) 1  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 11  
year 1948 hour 2 minute 30 a.m.

21. I hereby certify that I attended the deceased from APRIL 7  
1948, to APRIL 11, 1948;

that I last saw him alive on APRIL 11, 1948;  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral thrombosis - Rt. Duration \_\_\_\_\_

Due to Cerebral Arteriosclerosis

Due to 83 &

Other conditions Generalized Arteriosclerosis  
(Include pregnancy within 3 months of birth)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy As above

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 \_\_\_\_\_

23. Signature Mary H. Ritchey (M. D. or other) \_\_\_\_\_  
Address 601 Brentwood Blvd Date signed \_\_\_\_\_

16700  
1950

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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 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.**