No. 2
-1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25033

FILED AUG 13 1948

Registration District No. 377

Primary Registration District No. 6076

Registrar's No. 1790

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

1. PLACE OF DEATH:
(a) County St.Louis
(b) City or town Ballwin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Pine Crest Nursing Home 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 mo. (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St.Louis 96
(c) City or town Maplewood 5
(If outside city or town limits, write "RURAL")
(d) Street No. 3517 Commonwealth 3
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME Charles F.Niederloh
3. (b) If veteran, name war no
3. (c) Social Security No. 488-09-6518
4. Sex male 0
5. Color or race white
6. (a) Single, widowed, married, divorced divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased May (Month) 30 (Day) 1878 (Year)

8. AGE: Years 70 Months 1 Days 23 If less than one day hr. min.

9. Birthplace Peoria (City, town, or county) Ill. (State or foreign country) 1
10. Usual occupation Cabinet Maker
11. Industry or business
FATHER
12. Name Henry H.Niederloh
13. Birthplace Peoria (City, town, or county) Ill. (State or foreign country) 1
MOTHER
14. Maiden name Emma Elger
15. Birthplace Peoria (City, town, or county) Ill. (State or foreign country) 1
16. (a) Informant Wm H. Niederloh
(b) Address Box 587 R.R.11 Ringer Rd.Lemay
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 7 (Month) 23 (Day) 48 (Year)
(c) Place: burial or cremation Oak Hill Cemetery
18. (a) Signature of funeral director Jay B.Smith
(b) Address 7456 Manchester Ave.
19. (a) 7-24-48 (Date received local registrar) (b) Carl A. J. Sharp MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 23
year 1948 hour 11 minute P. M.
21. I hereby certify that I attended the deceased from July 3, 1948, to July 23, 1948;
that I last saw him alive on July 19, 1948;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death cerebral hemiplegia	
Due to 830	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause of 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 A. T. Martin MD (M. D. or other)
Address 3507 Potomac Date signed 7-24-49

Jefferson City Printing Co.

(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: Ronald A Yahnke

Licensed Embalmer No. 3917

P. O. Address St Louis

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.