

No. 2
-8-43
-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25926

FILED SEP 4 1948

State File No. _____

Registration District No. _____

Primary Registration District No. 5443

Registrar's No. 21

1. PLACE OF DEATH:

(a) County Gasconade
(b) City or town Rural - Boark
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Henry Carver Residence
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 6 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gasconade
(c) City or town Rural 37
(If outside city or town limits, write "RURAL") 0
(d) Street No. 1 Mile South of Hermann, Mo 0
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME John Edwin Niebruegge

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Mattha Niebruegge 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased April 27 1877
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 24
year 1948 hour 6 minute 00 A.M.
21. I hereby certify that I attended the deceased from Sept. 18th 1945 to Aug 24th 1948
that I last saw him alive on Aug 23rd 1948
and that death occurred on the date and hour stated above.
Immediate cause of death Myocarditis

8. AGE:	Years	Months	Days	If less than one day
	<u>71</u>	<u>3</u>	<u>27</u>	hr. min.

9. Birthplace Union Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farming

MOTHER FATHER
12. Name John Henry Niebruegge
13. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)
14. Maiden name Christina Krueger
15. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Henry Carver
(b) Address Hermann, Mo. RFB

17. (a) Burial (b) Date thereof 8/26/48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Marcus Cemetery

18. (a) Signature of funeral director H. G. Rhodius
(b) Address Hermann, Mo

19. (a) 8/25/48 (b) B. M. Underweller
(Date received local registrar) (Registrar's signature)

Duration
Due to Myocarditis
Due to Arteriosclerosis
Other conditions _____
(Include pregnancy within 3 months of death)
Major findings: Of operations no 930
Of autopsy no
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 _____
23. Signature E. G. Rhodius (M. D. or other)
Address Hermann Mo Date signed 8/24/48

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

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed SEP 3 - 1948

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.

Signature *Chas. M. Pope*
Licensed Embalmer No. *2557*
P. O. Address *Herrmann, Me.*

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.