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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 23 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 28066

Registrar's No. 7130

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

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: DePaul Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Life (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 009

(c) City or town St. Louis 111
(If outside city or town limits, write "RURAL")

(d) Street No. 3417a Nebraska Avenue 9
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 24 0

If yes, name country

3. (a) PRINT FULL NAME WILLIAM KARL NIEBRUEGGE

3. (b) If veteran, name war Nil

3. (c) Social Security No.

4. Sex M 0

5. Color or race W

6. (a) Single, widowed, married, divorced W 2

6. (b) Name of husband or wife Rosina

6. (c) Age of husband or wife if alive years

7. Birth date of deceased July 7, 1880 (Month) (Day) (Year)

8. AGE: Years 68 Months 1 Days 4 If less than one day hr. min.

9. Birthplace St. Louis, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Laundry -worker

11. Industry or business Retired

FATHER
12. Name Henry R. Niebruegge 1
13. Birthplace Germany 7
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Minnie Brunning 1
15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Rosina Holmes
(b) Address 3417 Nebraska Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-14-48 (Month) (Day) (Year)
(c) Place: burial or cremation St. Peters Cemetery

18. (a) Signature of funeral director A.W. McLaughlin
(b) Address 2301 Lafayette Avenue

19. (a) AUG 14 1948 (Date received local registrar) (b) J. F. Biedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 11th year 1948 hour 2:00 minute a. M.

21. I hereby certify that I attended the deceased from Jan, 1948 to Aug 11, 1948 that I last saw him alive on Aug 11, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cancer esophagus	8 mo.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

46 a

Major findings:
Of operations
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? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature A H Irving (M. D. or other) MD
Address 2342 St Louis Date signed 8/12/48

(Licensed Embalmer's Statement on Reverse Side)

Dr. A.H. Sewing
2342 St. Louis Av. Ch. 2013

2130

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 L. R. Cooper

Licensed Embalmer No. 13633

P. O. Address 2301 Lafayette

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.