

No. 300
-10-47
5-17-39
I 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

31661

FILED OCT 4 1948

State File No. _____

Registration District No. 18876

Primary Registration District No. 5076

Registrar's No. 2149

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Affton 23
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 10015 Lenor Dr.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 20 years (Specify whether years, months or days)

In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Affton 23
(If outside city or town limits, write "RURAL")

(d) Street No. 10015 Lenor Dr.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME Ruby Niewoehner

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

20. DATE OF DEATH: Month Sept. day 14, 1948 year. hour 9 minute 33 P.M.

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

6. (b) Name of husband or wife Harry 6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased Jan. 29, 1903
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 1948 to Sept 14, 1948

that I last saw her alive on 9-14-48 and that death occurred on the date and hour stated above.

8. AGE: Years 45 Months 7 Days 15 If less than one day hr. _____ min.

Immediate cause of death Cerebral Hemorrhage

Duration 1 day

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

Due to Chronic cardiac vascular disease

Due to renal disease

10. Usual occupation Housewife

11. Industry or business At Home

Other conditions 131
(Include pregnancy within 3 months of death)

12. Name J. Nathan Curtis

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

14. Maiden name Dora Hickam

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

Major findings: _____

Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Harry Niewoehner

(b) Address 10015 Lenor Dr.

17. (a) Burial (b) Date thereof 9/17/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Resurrection Cem.

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? _____

18. (a) Signature of funeral director J. L. Biegenheim & Sons

(b) Address 7027 Gravois

19. (a) 9-15-48 (b) Laurel A. Shapard
(Date received local registrar) (Registrar's signature)

While at work _____ (Specify type of place) (c) Means of injury _____

23. Signature Ernie A. Creulus (M. D. or other) _____

Address 752 Lenora, Ferry Rd. Date signed 9/15/48

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 W. G. Peterson

Licensed Embalmer No. 3767

P. O. Address 7027 Gravois

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.