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#12037
FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED DEC 2 1948
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MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

38487
State File No. 38487
Registrar's No. 10046

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital-Max C. Starkloff
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 0
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME AUGUST NIEHAUS
(b) If veteran, name war NONE
(c) Social Security No. _____

4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced SINGLE
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased SEPT. 23 1881
(Month) (Day) (Year)
8. AGE: Years Months Days If less than one day
67 1 26 hr. min.

9. Birthplace ST. LOUIS, MO.
(City, town, or county) (State or foreign country)
10. Usual occupation LABORER

MOTHER FATHER
11. Industry or business _____
12. Name FRANK NIEHAUS
13. Birthplace GERMANY
(City, town, or county) (State or foreign country)
14. Maiden name CATHERINE TWELLMAYER
15. Birthplace GERMANY
(City, town, or county) (State or foreign country)

16. (a) Informant CHARLES NIEHAUS
(b) Address 5614 HOLLY HILLS
17. (a) BURIAL (b) Date thereof 11-27-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation CALVARY CEM.

18. (a) Signature of funeral director KRIEGSHAUSER
(b) Address 4728 S. KING HIGHWAY
19. (a) NOV 19 1948 (b) J.B. Lester
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO. (b) County ST. LOUIS
(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")
(d) Street No. 5614 HOLLY HILLS
Memorial (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov. day 19th
year 1948 hour 10 minute 50 A. M.
21. I hereby certify that I attended the deceased from 8/19/48
19 Nov. 19th to Nov. 19th 19 48
that I last saw h. im alive on Nov. 19th 19 48
and that death occurred on the date and hour stated above.

Immediate cause of death Anoxemia Duration 10 days
Due to Arterio-sclerotic Heart + Disease 10 yrs.
Pulmonary Emphysema 10 yrs.
Other conditions _____
(Include pregnancy within 3 months of death)

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? _____
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature Joe H. Hardin (M.D.)
1515 Lafayette Date signed 11/19/48
Address _____

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

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 Richard W. Stoussand

Licensed Embalmer No. 4007

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.