

FILED JUL 27 1951

STANDARD CERTIFICATE OF DEATH

State File No. 25671

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 2708

1. PLACE OF DEATH
 a. COUNTY St. Louis 4001
 b. CITY (If outside corporate limits, write RURAL and give town OR TOWN Rock Hill)
 c. LENGTH OF STAY (In this place) 3 weeks
 d. FULL NAME OF HOSPITAL OR INSTITUTION Rock Hill Rest Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
 a. STATE Mo. b. COUNTY St. Louis
 c. CITY (If outside corporate limits, write RURAL and give township) 14 TOWN Rural, Bonhomme Twshp. 2740
 d. STREET ADDRESS (If rural, give location) Straub Rd. 0

3. NAME OF DECEASED
 a. (First) Christina b. (Middle) _____ c. (Last) Niere

4. DATE OF DEATH July 18, 1951

5. SEX Female 6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2

8. DATE OF BIRTH Sept. 29, 1871

9. AGE (In years last birthday) 76 79 IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 24 HRS. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY Own home

11. BIRTHPLACE (State or foreign country) St. Louis County, Mo. 0

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Henry Bauer

13b. MOTHER'S MAIDEN NAME Magdalena Koebel

14. NAME OF HUSBAND OR WIFE Charles Niere

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no

16. SOCIAL SECURITY NO. none

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Emil Niere, Chesterfield, Mo.

18. CAUSE OF DEATH
 Enter only one cause per line for (a), (b), and (c)
 *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis with myocardial failure
 ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 DUE TO (b) arterial hypertension
 DUE TO (c) 443X
 II. OTHER SIGNIFICANT CONDITIONS
 Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
2 yrs.
10 yrs.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/15, 1949, to 7/18, 1951, that I last saw the deceased alive on 6/4, 1951, and that death occurred at 4:15 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Katherine Needor, also

23b. ADDRESS f. South Central Clayton

23c. DATE SIGNED 7-20-51

24a. BURIAL, CREMATION, REMOVAL (Specify) burial

24b. DATE July 21, 51

24c. NAME OF CEMETERY OR CREMATORY St. John E & R

24d. LOCATION (City, town, or county) (State) Manchester, Mo.

DATE REC'D BY LOCAL REG. 7-20-51

REGISTRAR'S SIGNATURE Hubert P. Lomke MD

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Schrader Funeral Home, Ballwin, Mo.

WRITE PLAINLY—USING 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 _____

working under my personal supervision.

Student Embalmer No.

Signed

Step. Achrates

Signed.....

Student Embalmer

Licensed Embalmer No. *3064*

P. O. Address *Baltimore, Md.*

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.