No. 300
10.46

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

FILED OCT 24 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36603

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 590 Registrar's No. 2383

1. PLACE OF DEATH
a. COUNTY: St Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hillsdale
c. LENGTH OF STAY (in this place): 5 Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2155 Cherry Ave

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Louis Co
c. CITY OR TOWN: Hillsdale 4161
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 2155 Cherry Ave

3. NAME OF DECEASED (Type or Print)
a. (First): Henry
b. (Middle): W
c. (Last): Niehoff

4. DATE OF DEATH (Month): 10 (Day): 8 (Year): 56

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 5-24-1880
9. AGE (In years last birthday): 76 — 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): Retired
10b. KIND OF BUSINESS OR INDUSTRY: Coffee Roaster
11. BIRTHPLACE (City and State or Foreign Country): St Louis Mo.
12. CITIZEN OF WHAT COUNTRY?: U S A

13a. FATHER'S NAME: Casper Niehoff
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: Susie B Niehoff

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): ____
16. SOCIAL SECURITY NO.: 488-07-1425
17. INFORMANT'S SIGNATURE OR NAME: Mrs Susie B Niehoff
ADDRESS: 2155 Cherry Av

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 10 mo.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Chronic Myocarditis — 6 mo.
DUE TO (c) Arteriosclerosis — 10 yrs

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION: ____
19b. MAJOR FINDINGS OF OPERATION: 4221
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* Jan. 1, 1954, *to* Oct. 8, 1956, *that I last saw the deceased alive on* Oct. 6, 1956, *and that death occurred at* 7.15 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H. Pickering M.D.
23b. ADDRESS: 4109 Natural Bridge St Louis, Mo
23c. DATE SIGNED: 10-8-56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10-11-56
24c. NAME OF CEMETERY OR CREMATORY: Mount Lebanon
24d. LOCATION (City, town, or county) (State): St Louis Co

DATE REC'D BY LOCAL REG.: 10-10-56
REGISTRAR'S SIGNATURE: Herbert R. Donkel M.D.
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: Jos W Clark Funeral Home Inc 1125 Hodiamont Ave

(Licensed Embalmer) (See Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Alfred F. Boedek

Licensed Embalmer No. 26

P. O. Address 1125 Hot

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fai to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.