

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

**17290**  
Do not use this space.

**4824**

1. PLACE OF DEATH **ADD JUN 1, 1939**  
 (a) County ..... Registration District No. ....  
 (b) Township ..... Primary Registration District No. .... Registered No. ....  
 (c) City **ST LOUIS** (d) Street No. **BETHESDA HOSP.** St. ....  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

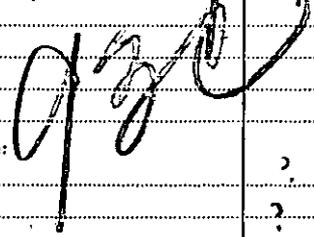
2. PRINT FULL NAME **364 AUGUST H. NIEDERLUECKE**  
 (a) Residence, No. **5408 So. BROADWAY.** St. **15**  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <b>MALE</b>	4. COLOR OR RACE <b>WHITE</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>MARRIED</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>PAULINE NIEDERLUECKE</b>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>APR. 5-1870</b>		
7. AGE <b>69</b>	YEARS <b>1</b>	MONTHS <b>22</b>
		DAYS <b>22</b>
		IF LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <b>RETIRED</b>	
	9. Industry or business in which work was done, as saw mill, bank, etc. <b>GROGER.</b>	
	10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation.....	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>GERMANY 6</b>		
FATHER	13. NAME <b>UNKNOWN 9</b>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>UNKNOWN 9</b>	
MOTHER	15. MAIDEN NAME <b>UNKNOWN 9</b>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>UNKNOWN</b>	

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 27**, 19**39**  
 22. I HEREBY CERTIFY, That I attended deceased from **Feb**, 19**39**, to **May 27**, 19**39**  
 I last saw him alive on **May 26**, 19**39**. Death is said to have occurred on the date stated above, at **2:00 A.M.**  
 The principal cause of death and related causes of importance were as follows:

**Cerebral hemorrhage.** Date of onset **May 2, 1939**  
  
 Other contributory causes of importance:  
**Chronic hypertension**  
**Arteriosclerosis**

Name of operation ..... Date of .....  
 What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? **No** Date of injury ....., 19.....  
 Where did injury occur? ..... (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.  
 Manner of injury **me**  
 Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?  
 If so, specify .....  
 (Signed) **Mr. Stuehl**, M. D.  
 (Address) **512 D New Place**

17. INFORMANT **Pauline Niederlueck.**  
 (ADDRESS) **5408 So. BROADWAY.**  
 18. BURIAL, CREMATION, OR REMOVAL **CO**  
 PLACE **NEW ST. MARCS** DATE **MAY 29**, 19**39**  
 19. FUNERAL DIRECTOR (NAME) **JOS. P. FENDLER, JR.**  
 (ADDRESS) **7128 MICHIGAN A.I.**  
 20. FILED **MAY 27 1939**  
**J. B. Bichler**  
 Local Registrar.

WHITE PLAINLY, WITH UNWADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1 X14228

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.....

Licensed Embalmer No. 1925

P. O. Address St. Louis.

**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, above space should be left blank.**