

WRITE PLAINLY, WITH UNFADING 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.

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

17350
Do not use this space.

JUN 12 1939

1. PLACE OF DEATH

(a) County Registration District No. **1008**
(b) Township Primary Registration District No. **781**
(c) City **St. Louis** (d) Street No. **Deaconess Hospital** St. **St. Louis**
(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. **6** ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. (Usual place of abode, if no street address, write county or city) St. **NR Mascoutah, Ill**
(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--|---|---|
| 3. SEX <i>Male</i> | 4. COLOR OR RACE <i>White</i> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Married</i> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Wm J. Jung</i> | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Oct. 10, 1891</i> | | |
| 7. AGE YEARS <i>47</i> | MONTHS <i>7</i> | DAYS <i>18</i> |
| 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <i>Housewife</i> | | |
| 9. Industry or business in which work was done, as saw mill, bank, etc. <i>None</i> | | |
| 10. Date deceased last worked at this occupation (month and year) <i>May, 1939</i> | | 11. Total time (years) spent in this occupation <i>27</i> |
| 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Engelmann Twp. Illinois</i> | | |
| FATHER | 13. NAME <i>Fred W. Nieberend</i> | |
| | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Engelmann Twp. Illinois</i> | |
| MOTHER | 15. MAIDEN NAME <i>Suzanna Kochhafer</i> | |
| | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Hayetteville Twp. Illinois</i> | |
| 17. INFORMANT (ADDRESS) <i>William J. Jung, Mascoutah, Ill.</i> | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Mascoutah, Ill</i> DATE <i>May 31, 1939</i> | | |
| 19. FUNERAL DIRECTOR (NAME) (ADDRESS) <i>E. S. L. Mott, Mascoutah, Ill.</i> | | |
| 20. FILED <i>MAY 29 1939 J. P. Brudick Local Registrar</i> | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *May 28, 1939*

22. I HEREBY CERTIFY, That I attended deceased from *May 26, 1939*, to *May 28, 1939*.
I last saw him alive on *5-28-39*, 1939. Death is said to have occurred on the date stated above, at *6:30* m.
The principal cause of death and related causes of importance were as follows:
Myocardial Failure from myocarditis acute Cause unknown
Date of onset *12/15*

Other contributory causes of importance:
Hepatic nephritis acute Cause unknown Acute fatty degeneration of liver

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? 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
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) *J. P. Brudick*, M. D.
(Address) *607 N. Grand*

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,

E. G. L. Moll

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

E. G. L. Moll

Licensed Embalmer No. *2898*

P. O. Address.....

Muscatine, Ill

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.