

SEP 14 1939 791

 MISSOURI STATE BOARD OF HEALTH
 STANDARD CERTIFICATE OF DEATH

State File No. 27334

Registrar's No. 6834

Registration District No. 1008

Primary Registration District No.

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Anthony Hosp.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 4 Days
 (Specify whether
 In this community Unknown
 years, months or days)

3. (a) PRINT FULL NAME Eugene Niehaus 200
 3. (b) If veteran, name war No. 3. (c) Social Security No. 495-12-5397

 4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced. Married

 6. (b) Name of husband or wife Helen Niehaus 6. (c) Age of husband or wife if alive 30 years

 7. Birth date of deceased Nov. 8, 1890
 (Month) (Day) (Year)

 8. AGE: Years Months Days If less than one day
48 8 26 hr. min.

 9. Birthplace St. Louis Missouri
 (City, town, or county) (State or foreign country)
10. Usual occupation Resort Owner

11. Industry or business _____

 12. Name Un'known

 13. Birthplace Unknown
 (City, town, or county) (State or foreign country)

 14. Maiden name Unknown
 (City, town, or county) (State or foreign country)

 15. Birthplace Unknown
 (City, town, or county) (State or foreign country)
16. (a) Informant's own signature Helen Niehaus(b) Address Blue Summitt Resort, Osage B
 17. (a) Burial (b) Date thereof 9/17/39
 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Sunset18. (a) Signature of funeral director Wacker-Welder(b) Address 2331 S. Broad av
 19. (a) Age 8 (b) J. F. Busch
 (Date of last registration) (Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town Lake of the Ozarks **NR**
 (If outside city or town limits, write "RURAL")
Blue Summitt Resort
 (d) Street No. Osage Beach
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

 20. DATE OF DEATH: Month Aug. day 3
 year 1939 hour 10 minute 40 P.M.

 21. I hereby certify that I attended the deceased from July 31/39
 _____, 19____, to Aug 3, 1939

 that I last saw him alive on Aug 3, 1939
 and that death occurred on the date and hour stated above.

Immediate cause of death

Acute gangrenous appendicitis

Due to _____

Due to _____

 Other conditions Peritonitis
 (Include pregnancy within 3 months of death)
Major findings: Appendix gangrenousOf operations & ruptured

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 J. C. Harshbarger (M. D. or other)
 Address Metropolitan Bldg Date signed 8/17/39

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..... *Frank J. Myland Sr.*
Licensed Embalmer No. *2645*
P. O. Address..... *St. Louis Mo.*

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.