3008

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 500

Registration District No. 791 1003

Primary Registration District No.

Registrar's No. 500

FEB 17 1940

**1. PLACE OF DEATH:**

(a) County

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Hospital, #1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 28 Days (Specify whether years, months or days)

In this community Life

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County

(c) City or town St. Louis 10
(If outside city or town limits, write "RURAL")

(d) Street No. 4014 Greer Ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Esther Neibert 113

3. (b) If veteran, name war ---------

3. (c) Social Security No. -------

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Eldred Neibert

6. (c) Age of husband or wife if alive 31 years

7. Birth date of deceased Aug. (Month) 27 (Day) 1912 (Year)

8. AGE: Years 27 Months 4 Days 21 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

10. Usual occupation At home

11. Industry or business

FATHER
12. Name George Theiss
13. Birthplace Clinton (City, town, or county) Ohio (State or foreign country)

MOTHER
14. Maiden name Martha Nierdiech
15. Birthplace Washington (City, town, or county) Missouri (State or foreign country)

16. (a) Informant's own signature Eldred Neibert
(b) Address 4014 Greer Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 20 1940 (Month) (Day) (Year)
(c) Place: burial or cremation New Bethlehem Cemetery

18. (a) Signature of funeral director Beiderwieden Fun. Home
(b) Address 1936 St. Louis Ave.

19. (a) JAN 18 1940 (Date received local registrar) (b) J. F. Bischoff (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month January day 17, year 1940 hour 3:50 minute A. M.

21. I hereby certify that I attended the deceased from December 20, 1940, to January 17, 1940 that I last saw her alive on January 17, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Subacute backreal endocarditis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature E. R. Crowe (M. D. or other)
Address 1515 Lafayette, Date signed 1/17/40

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

Rev. 5-17-39 1 X19511

## 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 Max L. Warfel, Registered Apprentice No. 215, working under my personal supervision.

Signed Felix J. Krispin

Licensed Embalmer No. 3497

P. O. Address 1936 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.**