

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.

Registration District No. 755

Primary Registration District No. 5996a

1. PLACE OF DEATH:

(a) County St. Charles  
(b) City or town Cappelw Lemme Cem.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location) 2  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_ years, months or days 13 7

3. (a) PRINT FULL NAME Louis G. H. Nieldschuetz Sr.  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced widowed  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased November 27 1851  
(Month) (Day) (Year)

| 8. AGE: | Years     | Months   | Days     | If less than one day |
|---------|-----------|----------|----------|----------------------|
|         | <u>88</u> | <u>6</u> | <u>6</u> | hr. _____ min. _____ |

9. Birthplace St. Charles Co. (City, town, or county) (State or foreign country) 0

10. Usual occupation Retired Farmer

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Louis G. Nieldschuetz  
13. Birthplace St. Charles Co. (City, town, or county) (State or foreign country)  
14. Maiden name Meiers  
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Louis Nieldschuetz Jr.  
(b) Address Wright City, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 7 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Cappelw Cem.

18. (a) Signature of funeral director Helena Gehrig  
(b) Address Wright City, Mo.

19. (a) Mar 5 1940 (Date received local registrar) (b) Alvin Clay M.F. (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Charles  
(c) City or town Cappelw (If outside city or town limits, write "RURAL")  
(d) Street No. 0 (If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 4 year 1940 hour 3 PM minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Jan 15, 1940, to Mar 4, 1940;  
that I last saw him alive on Mar 4, 1940;  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Chr. myo carditis 10 years  
Due to \_\_\_\_\_  
general arteriosclerosis 10 years  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 9<sup>th</sup> C  
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 H. H. Chumbe (M. D. official)  
Address Wright City, Mo. Date signed 3-4-40

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**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..... *Julius Nieburg* .....  
Licensed Embalmer No. *33066* .....  
P. O. Address *Wright city 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.**