

JUN 15 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

16469

State File No. _____

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 3947

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:
5016 Bulwer Avenue 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
Since Birth
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 9
(If outside city or town limits write "RURAL")
5016 Bulwer Avenue
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

8. (a) PRINT FULL NAME JULIA NIEHAUS, 200
8. (b) If veteran, name war None 3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 30
year 1940 hour 9 minute 15 P.M.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Louis W. Niehaus 6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased Feb. 15 1878
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 23, 1940, to Apr 30, 1940, that I last saw her alive on Apr 30, 1940, and that death occurred on the date and hour stated above.

8. AGE: Years 62 Months 2 Days 15 If less than one day hr. _____ min. _____

Immediate cause of death Carcinoma of Liver Duration 1 mo

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

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) H/O

10. Usual occupation Housewife.

11. Industry or business At Home

MOTHER FATHER { 12. Name Gottfried Defford
18. Birthplace Germany 6
(City, town, or county) (State or foreign country)
14. Maiden name Julia Graber
15. Birthplace Germany 6
(City, town, or county) (State or foreign country)

Major findings: Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Louis W. Niehaus
(b) Address 5016 Bulwer Avenue

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? _____

17. (a) Burial (b) Date thereof 5/3/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director Math. Hermann & Son

(b) Address 2161 East Fair Avenue

While at work? _____ (Specify type of place) (c) Means of injury _____
23. Signature Letha P Smith (M/D. or other) _____
Address 4500 Clarence Date signed May 1, 1940

19. (a) MAY 2 1940 (b) _____
(Date received local registrar) (Signature of registrar)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 *Ronald Hampton*
Licensed Embalmer No. *2967*
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.