. No. 2
-4-13-40
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>I X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 36979
Registrar's No. 9252

Registration District No. 7911
Primary Registration District No.

FILED DEC 11 1940

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: Deaconess Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St. Louis
(c) City or town Webster Groves, Mo. NR
(If outside city or town limits, write "RURAL")
(d) Street No. 359 S. Gore Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Arthur C. Niedringhaus
3. (b) If veteran, name war
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Amelia H. Niedringhaus
6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased January 16, 1869 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
71	9	23	hr. 0 min.

9. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Salesman
11. Industry or business Lammert Furniture Co.
FATHER 12. Name Charles Niedringhaus
13. Birthplace Germany. (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Louise Koenig.
15. Birthplace St. Louis (City, town, or county) (State or foreign country)
16. (a) Informant Richard E. Gruner.
(b) Address 5535 Waterman Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/12/40 (Month) (Day) (Year)
(c) Place: burial or cremation Bellefontaine
18. (a) Signature of funeral director
(b) Address Clayton Rd. at Concordia Lane
19. (a) NOV 11 1940 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 9 year 1940 hour 8 minute P.M.
21. I hereby certify that I attended the deceased from , 19 , to Nov. 9, 1940, that I last saw him alive on Nov. 9, 1940, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Thrombosis	2 days
Due to: Acute Pulmonary Edema	a few hours
Due to: Arteriosclerosis	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations	
Of autopsy None	

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. V. Reese (M. D.)
Address 17 E. Lockwood Ave. W. G. Date signed 11/10/40

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No. 1994

P. O. Address St. Louis.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.