

FILED JAN 8 1941 **784**

Registration District No. _____ Primary Registration District No. **109**

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

1. PLACE OF DEATH:
 (a) County. **St. Louis**
 (b) City or town. **Maplewood**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Maplewood Nursing Home
 (If not in hospital or institution, write street number and location)
 (d) Length of stay: In hospital or institution. **1 Month**
 (Specify whether years, months or days) **3**

3. (a) PRINT FULL NAME **Walter Neihaus**
 3. (b) If veteran, name war **no**
 3. (c) Social Security No. _____

4. Sex **Male** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Married**
 6. (b) Name of husband or wife **Laura Neihaus** 6. (c) Age of husband or wife if alive **49** years
 7. Birth date of deceased **Aug. 26, 1886**
 (Month) (Day) (Year)

8. AGE: Years **54** Months **4** Days **3** If less than one day hr. _____ min.

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

10. Usual occupation **Interior Decorator**

11. Industry or business _____
 MOTHER FATHER { 12. Name **Wm. Neihaus**
 13. Birthplace **Germany**
 14. Maiden name **Emma Steimbrecker**
 16. Birthplace **Bellville, Ill.**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Laura Neihaus**
 (b) Address **Des Peres, Mo.**

17. (a) **Burial** (b) Date thereof **12-31-1940**
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **St. Peters Cem.**

18. (a) Signature of funeral director **Jay B. Smith**
 (b) Address **7456 Manchester**

19. (a) **DEC 31 1940** (b) *[Signature]*
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **St. Louis**
 (c) City or town **Maplewood**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **3422 Manhattan**
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **Dec.** day **29**
 year **1940** hour **8** minute **30 A.** M.

21. I hereby certify that I attended the deceased from **11/28/40**, 19____, to **12/29**, 19**40**
 that I last saw him **11/29** alive on **12/5/40**, 19____;
 and that death occurred on the date and hour stated above.
 Immediate cause of death **Carcinoma of brain** Duration **1 yr?**

Due to _____
 Due to _____

Other conditions (Include pregnancy within 3 months of death)

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

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 *[Signature]* (M. D. or other) **12/30**
 Address **Maplewood, Mo.** Date signed **12/30/40**

MAY 18 1956

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 H. C. Burgess

Licensed Embalmer No. 4029

P. O. Address Maplewood

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.