

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 671
Registrar's No. 532

Registration District No. 791

Primary Registration District No. 1003

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:
Faith Hospital.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Week.
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County _____
(c) City or town St. Louis.
(If outside city or town limits, write "RURAL")
(d) Street No. 1406a Rear Hebert St.
(If rural, give location) _____
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Frieda Niebruegge

3. (b) If veteran, name war No. 3. (c) Social Security No. None.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married.
6. (b) Name of husband or wife Henry Niebruegge,
6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased October 22 1872.
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>69</u>	<u>2</u>	<u>25</u>	hr. min.

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

10. Usual occupation Housework.

11. Industry or business _____

12. Name John Brickmeyer.

13. Birthplace Germany.
(City, town, or county) (State or foreign country)

14. Maiden name Louise Reimschneider

15. Birthplace Germany.
(City, town, or county) (State or foreign country)

16. (a) Informant Henry Niebruegge.

(b) Address 1406a Rear Hebert St.

17. (a) Burial (b) Date thereof 1-20-42.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cem.

18. (a) Signature of funeral director Hy. Leidner Und. Co.

(b) Address 2223 St. Louis Ave.

19. (a) JAN 18 1942 (b) J. J. Buddeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 16
year 1942 hour 6:45P. M. minute _____ M.

21. I hereby certify that I attended the deceased from 1-9-1942
_____ 19 _____ to 1-16 19 42

that I last saw her alive on 1-16-1942 and that death occurred on the date and hour stated above.

Immediate cause of death Purulent meningitis
subacute bacterial meningitis

Due to Septicemia

Due to _____

Other conditions Septic meningitis
(Include pregnancy within 3 months of death) non epidemic

Major findings: Of operations _____

Of autopsy Septic meningitis
purulent endocarditis

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 J. J. Buddeck (M. D. or other) (M.D.)
Address 415 N. Newstead Date signed 1-17-42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

00
17
9

*Dr. Perwald,
4155 Newvalley
2-4B. room.*

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..... *John P. Buchholz*
Licensed Embalmer No. *16740*
P. O. Address. *2223 St. Louis Ave.*

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, fact should be so stated above.