

FILED FEB 24 1942

Registration District No. _____ Primary Registration District No. **100**

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:
4611a Carrie Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether

In this community _____ 45
years, months or days)

3. (a) PRINT FULL NAME Dr. Henry J. Niebruegge,

8. (b) If veteran, name war None

8. (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 Anna Niebruegge,

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased Aug. 26, 1873
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>68</u>	<u>4</u>	<u>19</u>	hr. _____ min. _____

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

10. Usual occupation Physician

11. Industry or business _____

MOTHER FATHER { 12. Name Frederick Niebruegge

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

14. Maiden name Emma Brendenberger

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

16. (a) Informant Mrs. Anna Niebruegge,

(b) Address 4611a Carrie Ave.

17. (a) Burial (b) Date thereof 1/16/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director [Signature]

(b) Address 2117 E. Grand Blvd.

19. (a) JAN 15 1942 (b) [Signature]
(Date received, local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 4611a Carrie Ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 13
year 1942 hour 8 minute 45 A. M.

21. I hereby certify that I attended the deceased from Aug. 20
1930, to January 13, 1942;
that I last saw him alive on January 13, 1942;
and that death occurred on the date and hour stated above.

Immediate cause of death Nephrosclerosis

Due to General Arterio Sclerosis

Due to _____

Duration 1 yr

5 yr.

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____

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)

(c) Means of injury _____

23. Signature A. P. Shultz (M. D. or nurse) _____

Address 1020 No. Theatre Bldg. St. Louis, Mo. Date signed 1-14-42

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

D. W. A. P. Shrepper
Mo Theatre Bldg
Jeff 7469
Res 9723 Riverview
5 Mrs 6824
2-3 P.M.

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 Frank A. Moore

Licensed Embalmer No. 3041

P. O. Address 2117 E. 5th

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.