

S. No. 2
4-1-4-41
v. 17-39
I X28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

676

State File No.

FILED FEB 24 1942

Registration District No. 791

Primary Registration District No. 1003

Registrar's No.

81

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

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:
City Hospital #1 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 14 Hours
(Specify whether _____)
In this community 15 Years
(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. 664 Bittner St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Edwin F. Niel

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

4. Sex Male () 5. Color or race White 6. (a) Single, widowed, married, divorced Widower

(b) Name of husband or wife Sadie A. Niel nee Baugh 6. (c) Age of husband or wife if alive Deceased years

7. Birth date of deceased February 11, 1868
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
73 10 2 hr. min.

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

10. Usual occupation Printer

11. Industry or business _____

MOTHER FATHER { 12. Name Immanuel Niel
13. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Olelia La Pointe
15. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Charles H. Wiemann

(b) Address Baden Station Route #4

17. (a) Burial (b) Date thereof 1/6/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Bethlehem Cemetery

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

(b) Address 2161 East Fair Ave

19. (a) JAN 5 1942 (b) J. F. Brebeck
(Date received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 3rd.
year 1942 hour 10:30 AM minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Chronic Myocarditis
Chronic Interstitial Nephritis

Due to _____
Due to _____

Other conditions _____
(Include pregnancy within 3 months of death) 1316

Major findings:
Of operations _____
Of autopsy _____

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? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature Alfred Perry (M. D. or other)
Address Regina Date signed 1/5/42

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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. 2967
P. O. Address R. R. Lewis, 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, fact should be so stated above.