

S. No. 2
M-1-4-41
v. 5-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

9035
State File No. _____
Registrar's No. 2725

FILED APR 13 1942
Registration District No. 2791

Primary Registration District No. _____

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri Baptist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 Days (Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town Northwoods
(If outside city or town limits, write "RURAL")
(d) Street No. 6912 Ira Avenue
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME CLARA H. NIEDERLUCK
3. (b) If veteran, name war None
3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 24th
year 1942 hour 6 minute 30 P.M.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Louis H. Niederluck
6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased August 24, 1872
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from March 18, 1942 to March 24, 1942
that I last saw her alive on March 24, 1942
and that death occurred on the date and hour stated above.

8. AGE: Years 69 Months 7 Days 0
If less than one day _____ hr. _____ min.

Immediate cause of death Acute Coronary Occlusion Duration 7 Days

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

Due to _____
Due to _____

10. Usual occupation Housewife

Other conditions Diabetes Mellitus & Hypertension 20 yrs
(Include pregnancy within 3 months of death)

11. Industry or business at home

Major findings: [Handwritten notes]
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER {
12. Name Julius Reinecke
13. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Margaret Orth
15. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Louis H. Niederluck
(b) Address 6912 Ira Avenue

17. (a) Burial (b) Date thereof 3-27-1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Peters Cemetery

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? _____

18. (a) Signature of funeral director Geo. L. Pleitsch Inc.
(b) Address 5966-68 Easton Ave.

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

19. (a) MAR 26 1942 (b) J. F. Greddeck
(Date received local registrar) (Registrar's signature)

23. Signature [Handwritten] (M. D. or other) _____
Address 462 No. Taylor Date signed 3/25/42

Dr. P. S. Wenzel.
426 North Taylor Ave.
Hours 12.30 to 4.30 P.M.
Telephone Jefferson 2110

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 3457
David C. Gibson, Registered Apprentice No. _____,
working under my personal supervision.

Signed David C. Gibson
Licensed Embalmer No. 3457
P. O. Address 5966 Easton St.

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.