

FILED FEB 16 1943 8
Registration District No. _____

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
5479a Plover Street.
(If not in hospital or institution, write street number or location)

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

In this community _____ (Specify whether _____)
years, months or days

3. (a) PRINT FULL NAME Henry Herman Niehaus

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 Married

6. (b) Name of husband or wife Dora Niehaus 6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased January 18, 1863
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>80</u>	<u>0</u>	<u>13</u>	hr. _____ min. _____

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

10. Usual occupation Retired Farmer

11. Industry or business _____

12. Name Henry Niehaus

13. Birthplace Unknown, Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name Minnie Schimmer

15. Birthplace Unknown, Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Dora Niehaus

(b) Address 4554 Washington Blvd.

17. (a) Burial (b) Date thereof 2/2/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington, Missouri

18. (a) Signature of funeral director Albert H. Hoppe, Inc

(b) Address 4700 Washington Blvd.

19. (a) FEB 2 1943 (b) J. F. Budick
(Date received local registrar) (Registrar's signature)

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. 4554 Washington Blvd.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 1 year 1943 hour 6 minute 30 P. M.

21. I hereby certify that I attended the deceased from July 1942 to Feb 1 1943; that I last saw him alive on Jan 31 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia - terminal Duration 2 days

Due to Chronic myocarditis years _____
marked arteriosclerosis "

Due to _____

Other conditions (include pregnancy within 3 months of death) 10/8

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) _____
(r) Means of injury _____

23. Signature Julius H. Hoppe (M.D. or other) M.D.

Address 4500 Olive St Date signed 2/2/43

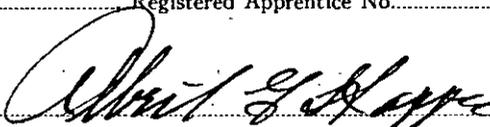
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....
working under my personal supervision.

Registered Apprentice No.....

Signed.....



Licensed Embalmer No..... 2971

P. O. Address.....

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.