

S. No. 2
M-2-43
5-17-39
I-1-1-39

23321

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUL 24 1943 318

Registration District No.

Primary Registration District No. 1003

Registrar's No.

6277

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:
4647 Pershing 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 _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____

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

(d) Street No. 4647 Pershing Ave.
(If rural, give location)

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

3. (a) PRINT FULL-NAME Marie Warne Niedringhaus.

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex F. 5. Color or race W.

6. (a) Single, widowed, married, divorced, Widow.

6. (b) Name of husband or wife Oscar E. Niedringhaus.

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

7. Birth date of deceased April 14, 1871
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 14th.
year 1943 hour 4. minute 45 A.M.

21. I hereby certify that I attended the deceased from May 13, 1943 to July 14, 1943,
that I last saw her alive on July 14, 1943,
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

72	3	0	hr. min.
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9. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation At Home.

Immediate cause of death Acute Myocardial Infarction

Due to Coronary Artery Sclerosis

Due to Senesal Arterio-sclerosis

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

Major findings: Of operations _____

Of autopsy _____

Duration 17 days

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business _____

12. Name Joseph Warne.

13. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Mimi Chauvin.

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

16. (a) Informant Mr. Warne Niedringhaus.

(b) Address # 26 Westmoreland Place.

17. (a) Burial. (b) Date thereof 7-15-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calyary Semetery

18. (a) Signature of funeral director Arthur J. Wernnelly

(b) Address 3840 Lindell Blvd

19. (a) JUL 14 1943 (b) J. F. Prudeack
(Date received local registrar) (Registrar's signature)

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 Hiram L. Pugh (M. D. or other) M. D.
Address 3720 Washington Blvd Date signed 7/17/43

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

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 W.H. Van Matre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

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.