

No. 2
1-2-43
5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32433

State File No.

Registration District No. 316

Primary Registration District No. 6072

Registrar's No. 330

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

1. PLACE OF DEATH: St. Francois
 (a) County St. Francois
 (b) City or town Paris, Mo
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Rural
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution Home (Specify whether
 In this community 84 yrs - (Specify whether
 years, months or days)

3. (a) PRINT FULL NAME Fredrick Niedert
 3. (b) If veteran, name war — 3. (c) Social Security No. —

4. Sex M 5. Color or race W 6. (a) Single widowed, married, divorced, Married
 6. (b) Name of husband or wife Christina Niedert 6. (c) Age of husband or wife if alive — years
 7. Birth date of deceased Sept 6 1859
 (Month) (Day) (Year)

8. AGE: Years 84 Months 3 Days 28 If less than one day hr. — min.

9. Birthplace St. Francois Mo
 (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

MOTHER FATHER
 11. Industry or business
 12. Name Jacob Niedert
 13. Birthplace Bonny Mo
 (City, town, & county) (State or foreign country)
 14. Maiden name House Billa
 15. Birthplace Bonny Mo
 (City, town, & county) (State or foreign country)

16. (a) Informant Christine Niedert
 (b) Address Farmington R. 1.
 17. (a) Funeral (Burial, cremation, or removal) (b) Date thereof 9-5-1943
 (Month) (Day) (Year)
 (c) Place: burial or cremation Spekman Mo
 18. (a) Signature of funeral director Spekman
 (b) Address Flat River Mo
 19. (a) Sept. 7-1943 (b) Lydia Bukhmet
 (Data received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County St. Francois
 (c) City or town Paris Mo
 (If outside city or town limits, write "RURAL")
 (d) Street No. Rural
 (If rural, give location)
 (e) Citizen of — country? Yes (Yes or No)
 If yes, name country —

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 4
 year 1943 hour 6 minute 30 AM.
 21. I hereby certify that I attended the deceased from 1937
~~1933~~ to Sept 4 1943
 that I last saw him alive on Sept 29 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage today
 Due to Hypertension & arteriosclerosis
 Due to chronic nephritis 6 years
 Other conditions (Include pregnancy within 3 months of death) 131 lb

Major findings: Of operations — PHYSICIAN —
 Of autopsy None
 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 F. M. Sanford (M. D. or other) —
 Address Farmington Mo Date signed 9/7/43

RECEIVED

District Health Officer No. 4
District File Number 1043-2768
Date Filed 10-5-43

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Everett Sparks
Licensed Embalmer No. 4287
P. O. Address Flat River 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.