

912  
S. No. 2  
M-9  
v. 5-17-39  
PI X29484

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

33386

State File No. \_\_\_\_\_

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **9245**

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: **St. Louis City Hospital, Max C. Starkloff Memorial**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **12 Days**  
(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. **3123 a Boardman**  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Caroline Nigg**  
(b) If veteran, name war \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **October** day **18**, year **1943** hour **5:50** minute **P.**  
21. I hereby certify that I attended the deceased from **October 7**, 19**43**, to **October 18**, 19**43**, that I last saw her alive on **October 18**, 19**43**, and that death occurred on the date and hour stated above.

4. Sex **Female** / Color or race **White**  
5. Color or race **White**  
6. (a) Single, widowed, married, divorced, **Widow**  
(b) Name of husband or wife **Kasimir Nigg**  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased: **October 16th**, 18**64**  
(Month) (Day) (Year)

Immediate cause of death: **Hypertensive Heart Disease**  
Due to: **Bilateral Hydronephrosis**  
Due to: \_\_\_\_\_  
Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)  
Major findings: \_\_\_\_\_  
Of operations: \_\_\_\_\_  
Of autopsy: **as above**  
PHYSICIAN: \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

8. AGE: Years Months Days If less than one day  
**79** **0** **2** hr. min.

9. Birthplace **Switzerland**  
(City, town, or county) (State or foreign country)  
10. Usual occupation **Homemaker**  
11. Industry or business **At Home**  
12. Name **John Vogel**  
13. Birthplace **Switzerland**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Unknown**  
15. Birthplace **Switzerland**  
(City, town, or county) (State or foreign country)

MOTHER FATHER

16. (a) Informant **Frieda Kobert, daughter**  
(b) Address **3122 a California, St. Louis, Mo.**  
17. (a) **Burial** (b) Date thereof **Oct. 21, 1943**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **MT. OLIVE CATHOLIC CEME.**  
18. (a) Signature of funeral director **Walter Crossley & Co.**  
(b) Address **2829 So. Jefferson Ave., St. Louis, Mo.**  
19. (a) **Oct 21 1943** (b) **J. F. Brulek**  
(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) **None**  
(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 **William J. Darr** (M. D. or other) **10/19/43**  
Address **1515 Lafayette Ave.** Date signed

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.....

*Gustav W. Dietrich*

Licensed Embalmer No. *4379*

P. O. Address *2929 S. Jefferson*

**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.**