

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35866

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

Registrar's No. 25-18

Registration District No. 317

Primary Registration District No. 2002

1. PLACE OF DEATH:

(a) County St. Louis, Missouri.  
(b) City or town University City.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Res: - 443 West Gate 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)

3. (a) **PRINCE**  
FULL NAME ELEANOR NIEDRINGHAUS WILLIAMS.

3. (b) If veteran, name was NONE. 3. (c) Social Security No. NONE.

4. Sex Female. 5. Color or race White. 6. (a) Single, widowed, married, divorced Married.

6. (b) Name of husband or wife Tyrrell Williams. 6. (c) Age of husband or wife if alive 68. years

7. Birth date of deceased August 8, 1877. (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
66. 3. 2. \_\_\_\_\_ br. \_\_\_\_\_ min.

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

10. Usual occupation At Home.

11. Industry or business \_\_\_\_\_

12. Name Frederick G. Niedringhaus.

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

14. Maiden name Dena Key.

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

16. (a) Informant Tyrrell Williams.

(b) Address West Gate Ave, #443.

17. (a) Cremation. (b) Date thereof 11/12/43. (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Crematory.

18. (a) Signature of funeral director C.R. Lupton & Sons.

(b) Address #7233 Delmar Blv'd.

19. (a) NOV 12 1943 (b) E. J. McCarroll M. D. (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County St. Louis,  
(c) City or town University City. (If outside city or town limits, write "RURAL")  
(d) Street No. #443 West Gate Avenue. (If rural, give location)  
(e) Citizen of foreign country? no. (Yes or No)  
If yes, name country. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov, day 10th  
year 1943. hour 8:00 minute A. M.

21. I hereby certify that I attended the deceased from Oct 22, 1923  
to Nov 10 1943

that I last saw her alive on Nov 9 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Terminal bronchopneumonia  
Multiple sclerosis

Duration

24 hrs  
15 years

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

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) (e) Means of injury \_\_\_\_\_

23. Signature W. B. Becke (M. D. or other) \_\_\_\_\_

Address 3720 Washington Date signed 11-11-43

3720 Washington Blvd.,  
11:00 - 1:30 P.M.

Dr Wm G. Becker/

MAR 27 1947

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.

Signed

Licensed Embalmer No.

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.