

No. 2
5-43
5-17-39
X36971

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED FEB 1 1944

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **668**

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
Little Sisters of Poor South 5
(If not in hospital or institution, write "Home" or "Place")

(d) Length of stay: In hospital or institution 7 +
(Specify whether years, months or days)

In this community 7 +
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 12/6
(If outside city or town limits, write "RURAL")

(d) Street No. 3400 S. Grand Bl.
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Fred Nischwitz

3. (b) If veteran, name war no

3. (c) Social Security No. NO

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced 2 Widowed

6. (b) Name of husband or wife Louise Nischwitz

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

7. Birth date of deceased Sept. 2, 1860
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>83</u>	<u>4</u>	<u>19</u>	hr. min.

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

10. Usual occupation Retired

11. Industry or business

12. Name Fred Nischwitz

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

14. Maiden name Don C Arrow

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

16. (a) Informant Geo. Weick

(b) Address 412 Duchouquette St.

17. (a) Burial (b) Date thereof Jan. 24/1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old SS. Peter and Paul

18. (a) Signature of funeral director Weick Bros.

(b) Address 2201 S. Grand Bl.

19. (a) JAN 22 1944 J. F. Budeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 21
year 1944 hour 5 minute 30 A. M.

21. I hereby certify that I attended the deceased from Jan 10 to Jan 21, 1944
that I last saw him alive on Jan 18, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Pericard. Hemorrhage
Duration 1 mo

Due to Arterio-Sclerosis 2 yrs

Due to Nephro. Sclerosis 1 yr

Other conditions (Include pregnancy within 3 months of death)

Major findings: 121

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?
(Specify type of place)

While at work? 0 Means of injury 0

23. Signature [Signature] (M. D. or other) 1/24
Address 3400 S. Grand Bl. Date signed Jan 24

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 *Wm. A. Stewart*.....

Licensed Embalmer No. 3722.....

P. O. Address. 412 Duchouquette St......

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.