S. No. 2
M—2-43
5-17-39
1 X35097

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 9314

FILED APR 6 1944

Registration District No. 6 1944 Primary Registration District No. 1003 Registrar's No. 2079

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: CITY HOSPITAL
(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: 000

(a) State MISSOURI (b) County 17

(c) City or town ST. LOUIS 9 | 6
(If outside city or town limits, write "RURAL")

(d) Street No. 3542 HALIDAY AVE
(If rural, give location)

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

3. (a) PRINT FULL NAME MARY NIENHAUS

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

4. Sex FEMALE

5. Color or race WHITE

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

6. (b) Name of husband or wife HENRY NIENHAUS

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

7. Birth date of deceased MARCH 4, 1859
(Month) (Day) (Year)

8. AGE: Years 85 Months 0 Days 23 If less than one day hr. min.

9. Birthplace ALTON (City, town, or county) ILLINOIS (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business

FATHER
12. Name JOHN AMMOND
13. Birthplace GERMANY 4 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name DON'T KNOW
15. Birthplace GERMANY 4 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Mamie Hilbert
(b) Address 3542 Haliday Ave

17. (a) REMOVAL - MOTOR (Burial, cremation, or removal) (b) Date thereof MAR. 30, 1944 (Month) (Day) (Year)
(c) Place: burial or cremation ALTON, ILL.

18. (a) Signature of funeral director Meisle Bros
(b) Address 7201 S. Grand Bl.

19. (a) MAR 29 1944 (Date received local registrar) (b) J. F. Medeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 27 year 1944 hour 8:50 minute P.M.

21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Fracture left hip, hip replacement — Duration
When she slipped on the stairway in her home and fell prone
Due to Duration
Due to 20, 1944 about 10:20 P.M.

Other conditions NONE
(Include pregnancy within 3 months of death)

Major findings:
Of operations 1 8 9
Of autopsy 1 8

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) Accident 000

(b) Date of occurrence Mar 29 1944

(c) Where did injury occur? St. Louis (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)

While at work? no (e) Means of injury Fall

23. Signature Thomas F. Gilg (M.D. or other)
Address Deputy Coroner Date signed 3-29-44

(Licensed Embalmer's Statement on Reverse Side)

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 [illegible]

Licensed Embalmer No. 5722

P. O. Address 412 [illegible]

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.