

Registration District No. 317

Primary Registration District No. 3064

Registrar's No. 1029

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Ferguson
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
302 S. Dade
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 32 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Ferguson
(If outside city or town limits, write "RURAL")
(d) Street No. 302 S. Dade St.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Ida Niehaus

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or ~~wife~~ John H. Niehaus

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

7. Birth date of deceased Nov.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
84 5 3 hr. _____ min.

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

10. Usual occupation nil

11. Industry or business _____

12. Name Wm. Keisker

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

14. Maiden name Unknown

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

16. (a) Informant Wm & Niehaus
(b) Address 302 S Dade St

17. (a) Burial (b) Date thereof May 3, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Johns Cemetery

18. (a) Signature of funeral director Beidemiden
(b) Address 1936 St. Louis Ave

19. (a) MAY 4 - 1944 (b) _____
(Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 30th
year 1944 hour _____ minute 300 M.

21. I hereby certify that I attended the deceased from 9-14, 1938, to 4-30, 1944, that I last saw him alive on 4-30, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death
Chf Nephritis
Chf Myocardial infarct
Due to _____
Due to Arteriosclerosis

Duration
1938
1946
1930

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: none
Of operations _____
Of autopsy none

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 Ray Johnson (M. D. or other)
Address Ferguson Mo Date signed 5-1-44

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

JAN 30 1907

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.....

Julius J. Kripin

Licensed Embalmer No.....

3497

P. O. Address.....

1936 St. Louis Co

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.