S. No. 2
M—8-43
r. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 19 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14492

Registration District No. 316 Primary Registration District No. 6072 Registrar's No. 375

4.
6
6

1. PLACE OF DEATH:

(a) County St Francois

(b) City or town Doe Run Rural Randle City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Family Home & Res.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community lifetime.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Francois

(c) City or town Rural 91
(If outside city or town limits, write "RURAL")

(d) Street No. — 0
(If rural, give location)

(e) Citizen of foreign country? — 0 (Yes or No)

If yes, name country —

3. (a) PRINT FULL NAME Christine Niedert.

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 Fredrick Niedert Deceased

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

7. Birth date of deceased Nov. (Month) 23 (Day) 1868 (Year)

8. AGE: Years 76. Months 4 Days 8. If less than one day ..... hr. ..... min.

9. Birthplace Yount (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business —

FATHER
12. Name John Schafer
13. Birthplace Germany (City, town, or county) U (State or foreign country)

MOTHER
14. Maiden name Elizabeth Luckey
15. Birthplace Germany (City, town, or county) U (State or foreign country)

16. (a) Informant Fredrick Hahn
(b) Address St Louis Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/3/45 (Month) (Day) (Year)
(c) Place: burial or cremation K&P Farming Mo

18. (a) Signature of funeral director Sparks
(b) Address Flat River Mo.

19. (a) 4-7-45 (Date received local registrar) (b) Jones Robinson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 1
year 45 hour 5 minute 30 A.M.

21. I hereby certify that I attended the deceased from 3-23-45, 19..., to April 1, 1945
that I last saw her alive on Mar 23, 1945
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis	
Due to arteriosclerosis & chronic nephritis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy 131	

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? (e) Means of injury

23. Signature L. M. Stanfield 2 (M. D. or other) 00
Address Farmington Mo. Date signed 4/2/45

1373

(Licensed Embalmer's Statement on Reverse Side)

District Health Officer No. 4
District File Number 445-510
Date Filed 4-17-45

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: Everett Sparks

Licensed Embalmer No. 4287

P.O. Address: Flat River Mo.

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.