

S. No. 2
4-8-43
5-17-39
P 1 X37823

20808

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JUL 7 1945

Registration District No. 204 Primary Registration District No. 5761 Registrar's No. 43

1. PLACE OF DEATH:

(a) County Madison

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

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Madison

(c) City or town Fredericktown, MO
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

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

3. (a) PRINT FULL NAME ROBERT NIEDNER

3. (b) If veteran, name war K

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 4 year 1945 hour _____ minute _____ 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.

4. Sex MO 5. Color or race W

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased: Dec 10 1880
(Month) (Day) (Year)

Immediate cause of death Chronic Myocarditis Duration _____

Due to Unknown

Due to _____

8. AGE: Years Months Days If less than one day

64 5 24 hr. min.

Other conditions (Include pregnancy, within 3 months of death) 938

Major findings: none

Of operations _____

Of autopsy As above

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

9. Birthplace Madison Co. MO
(City, town, or county) (State or foreign country)

10. Usual occupation mail carrier

11. Industry or business _____

MOTHER FATHER {

12. Name Max Niedner

13. Birthplace Madison Co. MO
(City, town, or county) (State or foreign country)

14. Maiden name Emma Wernicke

15. Birthplace Madison Co. MO
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(b) Date of occurrence none

(c) Where did injury occur? none
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? no

While at work? no (Specify type of place) (e) Means of injury _____

23. Signature W. E. Brumser (M. D. or other) _____
Address Fredericktown Date signed 6/24/45

16. (a) Informant Frederic Neeser

(b) Address St. Charles, MO

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 24 1945
(Month) (Day) (Year)

(c) Place: burial or cremation Methodist Ceme.

18. (a) Signature of funeral director W. E. Brumser
(City or town, or county) (State)

(b) Address Fredericktown MO

19. (a) June 24 1945 (Date received local registrar) (b) S. C. Slaughter (Registrar's signature)

4 '61 By _____ (Licensed Embalmer's Statement on Reverse Side)

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

EMERALD

RECEIVED

District Health Officer No. 4

District File Number 745-781

Date Filed 7-5-45

SEP 19 1951

OCT 19 1945

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.

[Handwritten signature]

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.