S. No. 2
OM—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 11 1945

Registration District No. 317

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 21414

Registrar's No. 1685

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: 10.551 Oak Avenue (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether In this community 5-Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

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

(d) Street No. 10.551 Oak Avenue (If rural, give location)

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

If yes, name country .....

3. (a) PRINT, FULL NAME Minnie C. Tait

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife David I.

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

7. Birth date of deceased Feb 24 1871 (Month) (Day) (Year)

8. AGE: Years 74 Months 4 Days 7 If less than one day ..... hr. ..... min.

9. Birthplace Harvell (City, town, or county) Ill. (State or foreign country)

10. Usual occupation Housewife

11. Industry or business .....

FATHER
12. Name William Niehaus
13. Birthplace Harvell (City, town, or county) Ill. (State or foreign country)

MOTHER
14. Maiden name Sophia Kollrost
15. Birthplace ..... (City, town, or county) Germany (State or foreign country)

16. (a) Informant Beulah Farber

(b) Address 10.551 Oak Ave-Overland, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-4-45 (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Baumann Bros Inc

(b) Address 2504-Woodson Rd-Overland

19. (a) 7-5-45 (Date received local registrar) (b) E. G. McGavran Mo (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 1 year 1945 hour 11 minute 00 P M.

21. I hereby certify that I attended the deceased from June 28 1945 to July 1 1945 that I last saw her alive on June 30 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage (apoplexy)	4 days
Due to Hypertension	2 yrs
Due to 83°	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations no
Of autopsy no

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 [signature] (M. D. or other)

Address 5803 Plymouth av Date signed July 3-45

(Licensed Embalmer's Statement on Reverse Side)

JUL 10 1946

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 W. G. Peterson

Licensed Embalmer No. 3767

P. O. Address Overland M

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.