

No. 2
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5-17-39
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FILED FEB 1 1946
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Registration District No. _____ Primary Registration District No. _____

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: St. Johns Cemetery Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 days
(Specify whether years, months or days)

In this community Since Birth
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 4812 Woodstock Avenue
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME FRANK GUS NIEBERG

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased January 12, 1946
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
		<u>10</u>	hr. _____ min. _____

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

10. Usual occupation Child

11. Industry or business _____

MOTHER FATHER

12. Name Charles Nieberg

13. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Unmarried Black

15. Birthplace St. Louis New Jersey
(City, town, or county) (State or foreign country)

16. (a) Informant Charles E. Nieberg

(b) Address 4812 Woodstock Avenue

17. (a) Burial (b) Date thereof 1/23/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Bethlehem Cemetery

18. (a) Signature of funeral director Math. Hermann & Son

(b) Address 216 1/2 East Fair Avenue

19. (a) JAN 23 1946 J. F. Pradeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 21
year 1946 hour 3:30 minute _____ M.

21. I hereby certify that I attended the deceased from Jan 17 1946, to Jan 20 1946
that I last saw him alive on Jan 20 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Faecal Peritonitis

Due to Bowel obstruction due to congenital stricture of ileum

Other conditions _____

Major findings: Bowel obstruction & generalized Peritonitis

Of operations _____

Of autopsy _____

Duration in 1 week

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 L. H. Livanian (M. D. or other) _____
Address 4126 S. Shrew Date signed 1/21/46

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, *Gustav W. Dutch*

Licensed Embalmer No. *4329*

P. O. Address. *St. Louis, 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.