

FILED JUL 1 1948

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 377

Primary Registration District No. 6076

Registrar's No. 1374

1. PLACE OF DEATH: St. Louis
 (a) County _____
 (b) City or town: Manchester
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Manchester Nursing Home
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution: 56 years (Specify whether
 In this community _____ years, months or days)

3. (a) PRINT FULL NAME: BERTHA NIEDRINGHAUS
 3. (b) If veteran, name war: none
 3. (c) Social Security No.: none

4. Sex: female
 5. Color or race: white
 6. (a) Single, widowed, married, divorced: widowed
 6. (b) Name of husband or wife: late Charles Niedringhaus
 6. (c) Age of husband or wife if alive: _____ years
 7. Birth date of deceased: February 6th, 1869
 (Month) (Day) (Year)

8. AGE: Years 77 Months 4 Days 18
 If less than one day _____ hr. _____ min.

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

10. Usual occupation: Housework

11. Industry or business: _____

MOTHER FATHER {
 12. Name: Charles Guebart
 13. Birthplace: Germany
 (City, town, or county) (State or foreign country)
 14. Maiden name: Sophia Brockmeyer
 15. Birthplace: Germany
 (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Olinda Goomley
 (b) Address: 1713 N. 13th. St.

17. (a) Burial: _____ (b) Date thereof: 6-26-46
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation: Zions Cemetery

18. (a) Signature of funeral director: Hy. Leidner U. Co.
 (b) Address: 2225 St. Louis Ave.

19. (a) 6-27-46 (b) E. J. McBaran M.D.
 (Date of local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State: Missouri (b) County _____
 (c) City or town: St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No.: 1713 N. 13th. St.
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 24
 year 1946 hour 130 minute A M.
 21. I hereby certify that I attended the deceased from May 8
 1946 to June 24 1946
 that I last saw her alive on June 23 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death: Chr. Myocarditis
 Due to: Can't arteriosclerosis

Due to: Senility 93-4

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____
 Of autopsy _____

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: E. J. McBaran M.D. (M. D. or other)
 Address: Creve Coeur, Mo. 63149 Date signed: 6-24-46

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

APR 5 1946
AUG 5 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..... *John P. Beckholz*
Licensed Embalmer No. *1674*
P. O. Address *2223 St. Louis*

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.