

S. No. 2
M-5-43
5-17-33
I X35677

FILED **JUL 12 1946**
318

Registration District No. _____ Primary Registration District No. **1002** Registrar's No. **5225**

1. PLACE OF DEATH:
(a) County **ST. LOUIS**
(b) City or town **ST. LOUIS**
(c) Name of hospital or institution **2625 NATURAL BRIDGE**
(d) Length of stay: **LIFE**
In this community **LIFE**

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo.** (b) County **Mad**
(c) City or town **ST. LOUIS**
(d) Street No. **2625 NATURAL BRIDGE**
(e) Citizen of foreign country? **=** (Yes or No) **No**
If yes, name country **=**

3. (a) PRINT FULL NAME **DOROTHY NIERDIECK**
(b) If veteran, name war **=** (c) Social Security No. **=**
4. Sex **FE** 5. Color or race **W.**
6. (a) Single, widowed, married, divorced **MARRIED**
6. (b) Name of husband or wife **EDWARD J.**
6. (c) Age of husband or wife if alive **67** years
7. Birth date of deceased **JULY 17 1889**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **June** day **28** year **1946** hour **10** minute **30** P.M.
21. I hereby certify that I attended the deceased from **June 28th 1946** to **July 28th 1946**
that I last saw h. **ex.** alive on **July 28th 1946** and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
57 **11** **11** hr. min.

Immediate cause of death **Cerebral Haemorrhage**
"4 Pyrexia"
Due to **(non traumatic)**
Due to **Cerebral Sclerosis for years**

9. Birthplace **ST. LOUIS Mo.**
10. Usual occupation **AT HOME**

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations **93**
Of autopsy **80**

MOTHER FATHER
11. Industry or business **=**
12. Name **FREDERICK GOEKE 4**
13. Birthplace **GERMANY**
14. Maiden name **WARMANN**
15. Birthplace **ST. LOUIS Mo.**

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

16. (a) Informant **Edward J. Nierdieck**
(b) Address **2625 Natural Bridge**
17. (a) **BURIAL** (b) Date thereof **7-3-46**
(c) Place: burial or cremation **NEW BETHLEHEM**

23. Signature **Alvin Theo. Yeager** (M. D. or other) _____
Address **14244 W. Florissant** Date signed **6/29/46**

18. (a) Signature of funeral director **Beiderwilde Funeral Home**
(b) Address **1936 St. Louis Ave.**
19. (a) **JUL 2 1946** (b) **J. F. Bueckert** (Registrar's signature)

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

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.....

.....
working under my personal supervision.

Registered Apprentice No.....

Signed.....
Glen W. Holt

Licensed Embalmer No. *3737*

P. O. Address. *1936 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.