

FILED NOV 3 1946
Registration District No. **3183**

Primary Registration District No. **3069**

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

1. PLACE OF DEATH:

(a) County St. Louis

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

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

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

3. (a) PRINT FULL NAME Ella Ida Nieburg

3. (b) If veteran, name war Nil

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Alvin C. Nieburg

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased January 21 1898
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>48</u>	<u>9</u>	<u>4</u>	hr. min.

-9. Birthplace Washington Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Fred H. Stumpe

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

14. Maiden name Ida Otto

15. Birthplace Washington Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Alvin C. Nieburg

(b) Address Washington, Missouri

17. (a) Burial, cremation, or removal Washington, Missouri

(b) Date thereof 10-29-46
(Month) (Day) (Year)

(c) Place: burial or cremation Washington, Missouri

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) 10-29-46 (Date received local registrar)

(b) [Signature] (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin

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

(d) Street No. 206 E. 2nd St.
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 25 year 1946 hour..... minute..... M.

21. I hereby certify that I attended the deceased from Oct. 22, 1946 to Oct 25, 1946, that I last saw her alive on Oct 25, 1946, and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic Pneumonia
Carcinomatosis

Due to Cancer of breast

Due to 50

Other conditions Shabbets
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
Of operations X

Of autopsy X

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 [Signature] (M. D. or D. O.)

Address 634 N. 9th Date signed 10/29/46

MAY 26 1947

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..... *Elmer R. Radwell*

Licensed Embalmer No. *4077*

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.