

FILED JAN 15 1947

Registration District No. 310

Primary Registration District No. 3058

Registrar's No. 197

1. PLACE OF DEATH:

(a) County St. Charles
 (b) City or town St. Charles
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
115 S. 6th. Street
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community _____
 years, months or days

3. (a) PRINT FULL NAME Caroline Niedner3. (b) If veteran, name war None 3. (c) Social Security No. None4. Sex Female 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 September 16, 1855
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
91 3 8 hr. min.9. Birthplace Mine La Motte Missouri
(City, town, or county) (State or foreign country)10. Usual occupation Retired

11. Industry or business _____

12. Name Charles Niedner13. Birthplace Germany
(City, town, or county) (State or foreign country)14. Maiden name Georgina Ebrecht15. Birthplace Germany
(City, town, or county) (State or foreign country)16. (a) Informant Rev. F. Niedner(b) Address St. Charles, Mo.17. (a) Burial (b) Date thereof Dec. 27, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Lutheran Cemetery18. (a) Signature of funeral director H. K. ...(b) Address 326 N. 6th. Str. St. Charles, Mo.19. (a) 116147 (b) Marie Hammler
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Charles
 (c) City or town St. Charles
 (If outside city or town limits, write "RURAL")
 (d) Street No. 115 S. 6th. Street
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 24
year 1946 hour 5 minute 30 P.M.21. I hereby certify that I attended the deceased from Dec 21, 1946 to Dec. 27, 1946
that I last saw her alive on Dec 24, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Bronchial Pneumonia today

Due to _____

Due to _____

Other conditions Arteriosclerosis ?
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy 107
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) _____ (e) Means of injury _____

23. Signature [Signature] (M. D. or other) _____Address [Signature] Date signed 12-26-46

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed JAN 14 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.....
Licensed Embalmer No. 3145-
P. O. Address St Charles 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.