

8. No. 2  
-12-45  
5-17-39  
I X47070

FILED MAR 24 1947  
Registration District No. **318**

Primary Registration District No. **1003**

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: Deaconess Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 Hrs.  
(Specify whether years, months or days)

In this community 5 Hrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis, 96

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

(d) Street No. Ries Rd.  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Matilda W. Niere

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 Married

6. (b) Name of husband or wife Edward Niere,

6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased Mar. 6, 1871  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

76	0	6	hr. min.
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9. Birthplace St. Louis Co. Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Own home,

MOTHER FATHER

12. Name August Kleinsorge,

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

14. Maiden name Katherine Wilmas,

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

16. (a) Informant Edward Niere,

(b) Address Ballwin, Mo.

17. (a) Burial (b) Date thereof Mar. 16, 47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. John Cem. Ellisville, Mo.

18. (a) Signature of funeral director Schrader Funeral Home,

(b) Address Ballwin, Mo.

19. (a) MAR 14 1947 (b) J. J. Braseck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 12,  
year 1947 hour 8 minute 0 P.M.

21. I hereby certify that I attended the deceased from Oct 12  
1946 to Mar. 12 1947  
that I last saw her alive on March 11 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis  
Calcium deficiency  
malnutrition  
Dehydration

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions H/O  
(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? Mo.

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address \_\_\_\_\_

23. Signature Henry F. Scott (M. D. or other) M.D.  
Address Ballwin Mo Date signed Mar. 14 47

**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..... *Theo. Schrader* .....

Licensed Embalmer No. *3066* .....

P. O. Address *Baltimore, Md.* .....

**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.**