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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 21 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19620
Registrar's No. 1062

Registration District No. 317

Primary Registration District No. 3069

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Richmond Heights
(c) Name of hospital or institution:
1234 Bellevue Ave.
(d) Length of stay: In hospital or institution
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town Richmond Heights
(d) Street No. 1234 Bellevue Ave.
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Julia Ambs Niesen
3. (b) If veteran, name war - 3. (c) Social Security No. -

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 13
year 1947 hour 3 minute A. M.
21. I hereby certify that I attended the deceased from
May 1, 1947 to May 13, 1947
that I last saw her alive on May 12, 1947
and that death occurred on the date and hour stated above.

4. Sex Female / 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Frederick A. Niesen
6. (c) Age of husband or wife if alive 90 years
7. Birth date of deceased November 5, 1854

Immediate cause of death
Cardiac Decompensation
Due to Hypertension
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations No operation
Of autopsy No autopsy

8. AGE: Years 92 Months 6 Days 8
If less than one day hr. min.

9. Birthplace: Germany
10. Usual occupation At home

11. Industry or business Housewife
12. Name Peter A. Ambs,
13. Birthplace Germany
14. Maiden name Katherine Uhrig,
15. Birthplace Bavaria, Germany

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Frederick E. Niesen,
(b) Address 1234 Bellevue Ave.
17. (a) Burial (b) Date thereof 5/11/47
(c) Place: burial or cremation Bellefontaine Cemetery
18. (a) Signature of funeral director Robert J. Ambruster, Inc
(b) Address Clayton Rd. at Concordia Lane
19. (a) 3-15-47 (b) [Signature]

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?
While at work? (Specify type of place) (e) Means of injury
23. Signature [Signature] (M. D. or D.O.)
Address 634 N. Grand Blvd. Date signed 5/13/47

(Licensed Embalmer's Statement on Reverse Side)

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Arnold W. Schoene

Licensed Embalmer No. 3864

P. O. Address St. Louis, 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.