

Registration District No.

317

Primary Registration District No.

6076

Registrar's No.

2285

1. PLACE OF DEATH:

(a) County St. Louis  
 (b) City or town Rural  
(If outside city or town limits, write "RURAL" and name of township)  
Craig Road Route # I  
(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

John F. Niehaus.

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

Male  Female

5. Color or race White

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

6. (b) Name of husband or wife Ida B. Niehaus

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

7. Birth date of deceased Mar. 2

1876

(Month) (Day) (Year)

8. AGE:

Years	Months	Days
71	7	20

If less than one day  
hr. \_\_\_\_\_ min.

9. Birthplace

Creve Cour

Mo.

10. Usual occupation

Farmer

11. Industry or business

MOTHER FATHER

12. Name Fred J. Niehaus

13. Birthplace St. Louis Co.

Mo.

14. Maiden name Mary C. Graeler

15. Birthplace St. Louis Co.

Mo.

16. (a) Informant Melvin F. Niehaus

(b) Address Craig Road Route # I

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

(b) Date thereof Oct. 26, 1947  
(Month) (Day) (Year)

(c) Place: burial or cremation St. Pauls Cemetery

18. (a) Signature of funeral director Geo. L. Pleitsch Inc.

(b) Address 5966-68 Easton Ave.

19. (a) 10-31-47  
(Date received local registrar)

(b) Paula J. Slayme  
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis  
 (c) City or town Rural  
(If outside city or town limits, write "RURAL")  
 (d) Street No. Craig Road Route # I  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 22  
 year 1947 hour 2 minute P. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
 that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
 and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Cause unknown

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

200C

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

Other conditions \_\_\_\_\_

(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? \_\_\_\_\_

Specify type of place \_\_\_\_\_  
 Where at work? \_\_\_\_\_ (b) Means of injury \_\_\_\_\_

23. Signature \_\_\_\_\_ (M. D. or other)

Address Commissioner of Health Date signed 10-22-47

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

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**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

*Clement McManis*

Licensed Embalmer No. *3732*

P. O. Address *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.**