S. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED DEC 22 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 43366

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11416

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: #116 North 8th Street, 3 (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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis, (If outside city or town limits, write "RURAL") 17

(d) Street No. 3324 So. Jefferson Ave., (If rural, give location) 4

24

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME WALTER H. NIESTRATH.

3. (b) If veteran, name war None.

3. (c) Social Security No. None.

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Rachel H. Niestrath.

6. (c) Age of husband or wife if alive 63. years

7. Birth date of deceased February (Month) 19, (Day) 1884. (Year)

8. AGE:

Years	Months	Days	If less than one day
63.	9.	23.	hr. min.

9. Birthplace St. Louis, (City, town, or county) Missouri. (State or foreign country) 6

10. Usual occupation Broker & Manufacturers Agent.

11. Industry or business

FATHER
12. Name Charles Niestrath.
13. Birthplace (City, town, or county) Germany. (State or foreign country) 4

MOTHER
14. Maiden name Charlotte
15. Birthplace Mayesville, (City, town, or county) Missouri. (State or foreign country) 0

16. (a) Informant Mrs Rachel H. Niestrath.

(b) Address 3324 So. Jefferson Ave.,

17. (a) Interrment. (Burial, cremation, or removal) (b) Date thereof 12/15/47. (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cemetery.

18. (a) Signature of funeral director C.R. Lupton & Sons.

(b) Address 7233 Delmar Blvd.,

19. (a) DEC 15 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 12 year 1947 hour 10:15 minute P. M.

21. I hereby certify that I attended the deceased from July, 1944, to Dec 12, 1947 that I last saw him alive on Dec 10, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death myocardial infarction	sudden
Due to Coronary occlusion	"
Due to Coronary sclerosis	"
Other conditions Cardiac decompensation (Include pregnancy within 3 months of death)	3 yrs

Major findings:
Of operations 95
Of autopsy

PHYSICIAN

Underline the cause of 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)

While at work? (e) Means of injury 0

23. Signature Hanford Phillips (M. D. or other)

Address 1117 N. Union Date signed 12-13-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

1117 Ho. Union
RO 1600
79519

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 Raymond L. Morris

Licensed Embalmer No. 4330

P. O. Address Maplewood, M

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.