No. 2
-1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 30 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2906

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 701

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: # 29 PORTLAND PLACE. (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

(c) City or town ST. LOUIS (If outside city or town limits, write "RURAL")

(d) Street No. # 29 PORTLAND PLACE (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME HELEN J. NIEDRINGHAUS.

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

4. Sex FEMALE

5. Color or race WHITE

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

6. (b) Name of husband or wife LEE NIEDRINGHAUS.

6. (c) Age of husband or wife if alive DEC'D years

7. Birth date of deceased JULY 2 1885 (Month) (Day) (Year)

8. AGE: Years 62 Months 6 Days 20 If less than one day hr. min.

9. Birthplace HOLLY SPRINGS, MISSISSIPPI (City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business

FATHER
12. Name JACKSON JOHNSON.
13. Birthplace LA GRANGS ALABAMA (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name MINNIE WOOTEN.
15. Birthplace HOLLY SPRINGS, MISSISSIPPI (City, town, or county) (State or foreign country)

16. (a) Informant LEE I. NIEDRINGHAUS.
(b) Address # 29 PORTLAND PLACE.

17. (a) ENTOMBMENT (Burial, cremation, or removal) (b) Date thereof 1-24-1948 (Month) (Day) (Year)
(c) Place: burial or cremation BELLEFONTAINE CEMETERY

18. (a) Signature of funeral director C. R. LUPTON & SONS.
(b) Address 7233 DELMAR BLVD.

19. (a) JAN 23 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JANUARY day 22 year 1948 hour 4 minute 5 P.M.

21. I hereby certify that I attended the deceased from Oct 10, 1941, to Jan 22, 1948, that I last saw her alive on Jan 22, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Bronchial

Due to

Due to

Other conditions Diverticulitis Colon (Include pregnancy within 3 months of death)

Major findings: Of operations Diverticulitis Colon 1945 with obstruction. Colostomy

Of autopsy

Duration

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

23. Signature Joseph W. Larimore (M. D. or other)

Address 3720 Washington Date signed 1/23/48

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

JE1318
2-4.

FEB 3 1948

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 Clarence H. Murray

Licensed Embalmer No. 404

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.