S. No. 2
M—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED APR 30 1948

Registration District No. 8017

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 14870

Primary Registration District No. 3066

Registrar's No. 984

1. PLACE OF DEATH:
(a) County: St. Louis
(b) City or town: Kirkwood (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1160-Simmons Ave. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community: 5-Years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: St. Louis
(c) City or town: Overland (If outside city or town limits, write "RURAL")
(d) Street No.: 1925-Stedman Court (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Harland C. Niebruegge
3. (b) If veteran, name war: None
3. (c) Social Security No.: None
4. Sex: M
5. Color or race: W
6. (a) Single, widowed, married, divorced: S
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: August (Month) 6 (Day) 1938 (Year)
8. AGE: Years 9 Months 8 Days 9 If less than one day hr. min.
9. Birthplace: Richmond Heights (City, town, or county) Mo. (State or foreign country)
10. Usual occupation: nil
11. Industry or business:
FATHER
12. Name: Elmer H. Niebruegge
13. Birthplace: Clayton (City, town, or county) Mo. (State or foreign country)
MOTHER
14. Maiden name: Hildegard I. Leeds
15. Birthplace: Creve Coeur (City, town, or county) Mo. (State or foreign country)
16. (a) Informant: Elmer H. Niebruegge
(b) Address: 1925-Stedman Court Overland-14-Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 4-18-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Trinity Luth Cemetery
18. (a) Signature of funeral director: Baumann Bros Inc
(b) Address: 2504-Woodson Rd-Overland-14-Mo.
19. (a) 4-19-48 (Date received local registrar) (b) Cecil A. Sharp (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 15 year 1948 hour minute 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.

Duration

Immediate cause of death: Pneumonia
Unknown
Due to:
Due to:
Other conditions: (Include pregnancy within 3 months of death)
Major findings:
Of operations:
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? Means of injury
23. Signature: Cecil A. Sharp (M. D. or other) 4-19-48
Commissioner of Health
Address: Date signed

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Oscar F. Mueller

Licensed Embalmer No. 3039

P. O. Address Overland 14 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.