

S. No. 300
M-10-47
v. 5-17-39
I 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUN 15 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

18304

State File No. _____

Registration District No. 527

Primary Registration District No. 6076

Registrar's No. 1227

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
none-Highway # 50
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none
88 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Fred Niere

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Male

5. Color or race white

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

6. (b) Name of husband or wife Elizabeth Niere

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

7. Birth date of deceased December 16, 1859
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>88</u>	<u>4</u>	<u>28</u>	hr. _____ min.

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

10. Usual occupation Retired farmer
Own farm.

11. Industry or business _____

12. Name Fred Niere

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Caroline Haussels
(City, town, or county) (State or foreign country)

15. Birthplace St. Louis CO. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Emilie Haussels

(b) Address Chesterfield, Mo. Rt. 1

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

(b) Date thereof May 17, 1948
(Month) (Day) (Year)

(c) Place: burial or cremation St. John Cem., Ellisville, Mo.

18. (a) Signature of funeral director Schrader Funeral Home
(Specify type of place)

(b) Address Ballwin, Mo. (e) Means of injury _____

19. (a) 5-17-48
(Date received local registrar)

(b) Carl G. Haffner
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Ellisville
(If outside city or town limits, write "RURAL")

(d) Street No. Highway # 50
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

20. DATE OF DEATH: Month May day 14,
year 1948 hour 8 minute 30 P. M.

21. I hereby certify that I attended the deceased from May 1, 1948 to May 14, 1948
that I last saw him alive on May 14, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis
Senility

Due to _____

Due to _____

Other conditions Chronic nephritis
(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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature S.R. Loring (M. D. or other) med
Address Ballwin, Mo. Date signed 5-15-48

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 _____

Richard Bopp

Registered Apprentice No. *23*

working under my personal supervision.

Signed

Harry Schrader

Licensed Embalmer No. *2091*

P. O. Address *Ballwin 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.