No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 22 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

24377

State File No. 6228

Registration District No. 318 Primary Registration District No. 1005 Registrar's No.

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: 2939 Dodier Street.
(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 17

(c) City or town St. Louis 4
(If outside city or town limits, write "RURAL")

(d) Street No. 2939 Dodier Street. 1 D
(If rural, give location)

(e) Citizen of ~~foreign~~ 10 country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME William H. Niederluecke.

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 Anna Niederluecke.

6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased October 18, 1865.
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
82	8	25	hr. min.

9. Birthplace Germany. 4
(City, town, or county) (State or foreign country)

10. Usual occupation retired

11. Industry or business

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

MOTHER
14. Maiden name Dont know.
15. Birthplace Germany. 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. William H. Niederluecke.
(b) Address 2939 Dodier Street.

17. (a) Burial (b) Date thereof 7-15-1948.
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Lebanon Cemetery.

18. (a) Signature of funeral director Geo. L. Pleitsch. Inc.
(b) Address 5966-68 Easton Avenue.

19. (a) JUL 13 1948 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 13th.
year 1948 hour 6 minute 50 A.M.

21. I hereby certify that I attended the deceased from 17 Oct 47 7 July 1948 to 13 July 1948 that I last saw him alive on July 13 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic Heart Disease

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration 5-10 yrs

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 H. Eckhoff (M. D. or other) MD

Address 634 N Grand Date signed 13 July 48

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

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

Dr. W.H.Echterhoff.
Mo.Theatre Building.
Hours 2 to 4 P.M.
Jefferson 6100

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 McNeary

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.