FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUL 31 1948
Registration District No. 377

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3066

State File No. 24900
Registrar's No. 1749

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

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: 114 W. Madison Ave. 1
(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 St. Louis 96
(c) City or town Kirkwood 4
(If outside city or town limits, write "RURAL") 3
(d) Street No. 114 W. Madison Ave. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Helen Niebruegge
3. (b) If veteran, name war .....
3. (c) Social Security No. .....

4. Sex Female 1
5. Color or race White
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife John R.
6. (c) Age of husband or wife if alive 46 years
7. Birth date of deceased May (Month) 18 (Day) 1898 (Year)

8. AGE:

Years	Months	Days	If less than one day
50	1	18	..... hr. ..... min.

9. Birthplace Hermann (City, town, or county) Missouri (State or foreign country) 1
10. Usual occupation Housewife
11. Industry or business .....
FATHER
12. Name Otto Bickmeyer
13. Birthplace (City, town, or county) Missouri (State or foreign country) U
MOTHER
14. Maiden name Louise Toedmann
15. Birthplace (City, town, or county) Missouri (State or foreign country) 1
16. (a) Informant John R. Niebruegge
(b) Address 114 W. Madison, Kirkwood
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/19/48 (Month) (Day) (Year)
(c) Place: burial or cremation Trinity Lutheran Cem
18. (a) Signature of funeral director Louis H. Bopp, Inc.
(b) Address 131 W. Argonne Dr., Kirkwood
19. (a) 7-19-48 (Date received local registrar) (b) Cecil A. Sharp MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7-16-48 day ..... year ..... hour 3 oc minute ..... A. M.
21. I hereby certify that I attended the deceased from Nov. 1947 ....., 19....., to 7-16-48, 19.....;
that I last saw her alive on 7-14-48, 19.....;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinomatosis with metastasis to liver	4 mo
Due to: Carcinoma of Both Breasts 50	2 yr
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? ..... (e) Means of injury 1
23. Signature James R Meador (M. D. or other)
Address 125 Central Date signed 7-16-48

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.....Felix Durand.....

Licensed Embalmer No.....3034.....

P. O. Address.....Kirkwood (22) 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.