FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

25032

State File No. 1850

FILED AUG 13 1948

Registration District No. 377

Primary Registration District No. 6076

Registrar's No.

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Affton 23
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 9047 Rosemary /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis 96
(c) City or town Affton 23 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. 9047 Rosemary 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Bertha Niederer
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F /
5. Color or race W
6. (a) Single, widowed, married, divorced W 2
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased March (Month) 20, (Day) 1878 (Year)

8. AGE: Years 70 Months 4 Days 17 If less than one day ..... hr. ..... min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country) 6
10. Usual occupation At Home
11. Industry or business
FATHER
12. Name Bruder 9
13. Birthplace Unknown (City, town, or county) (State or foreign country) 9
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country) 4
16. (a) Informant Mabel Von Dach /
(b) Address 9047 Rosemary
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/9/48 (Month) (Day) (Year)
(c) Place: burial or cremation Bellefontaine
18. (a) Signature of funeral director J. L. Ziegenhein & Sons
(b) Address 7027 Grams
19. (a) 8-9-48 (Date received local registrar) (b) Cecil G. Shaffer MSC (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 7th
year 1948 hour 3 minute 30 A. M.
21. I hereby certify that I attended the deceased from 6-25, 1948, to 8-7, 1948;
that I last saw her alive on 8-5, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: chronic myocarditis	1 yr
Due to —	
Due to — 93d	
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 U
Signature Otey S Jones (M. D. or other) MD
Address 3616 S Brody Date signed 8-7-48

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 W. G. Peterson

Licensed Embalmer No. 3767

P. O. Address 7027 Gravois

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.