No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41713

FILED JAN 11 1949

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 11282

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

1. PLACE OF DEATH:
(a) County 5800 Arsenal St.
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Infirmary
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2-10-48 to 12-27-48 (Specify whether
In this community 10 Mo. 17 Da.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3105 Eads ave
(If rural, give location)
17
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Anna K. Nies.
3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife H. August Nies
6. (c) Age of husband or wife if alive years
7. Birth date of deceased December (Month) 26 (Day) 1860 (Year)

8. AGE: Years	Months	Days	If less than one day
88	0	1	hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)
10. Usual occupation at home
11. Industry or business none
FATHER
12. Name Elias Kuehn
13. Birthplace (City, town, or county) Germany (State or foreign country)
MOTHER
14. Maiden name not known
15. Birthplace (City, town, or county) Germany (State or foreign country)
16. (a) Informant Walter A. Nies
(b) Address 3438 Eads ave,
17. (a) burial (Burial, cremation, or removal) (b) Date thereof Dec. 30 - 48 (Month) (Day) (Year)
(c) Place: burial or cremation Lake Charles Cemetery
18. (a) Signature of funeral director A. Kron L & U. Co.
(b) Address 2707 N. Grand Bly'd,
19. (a) DEC 29 1948 (Date received local registrar) (b) J. B. Lasater (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 27
year 1948 hour 5 minute 20 P.M.
21. I hereby certify that I attended the deceased from 2/10/48, 19, to Dec 27, 1948, 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 Arteriosclerotic Heart Disease
Due to
Due to Arteriosclerosis
Other conditions Psychosis
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy same

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 Palmer Romaine Bowlich (M. D. or other)
Address 5800 Arsenal St, St Louis Date signed 12/28/48

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 Stanley H. Dixon

Licensed Embalmer No. 4193

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.