

THE DIVISION OF HEALTH - MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 10926

FILED APR 2 1949

96  
13

BIRTH NO. REG. DIST. NO. 917 PRIMARY REG. DIST. NO. 6076 Registrar's No. 592

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Missouri b. COUNTY 600	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Overland		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 119	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) 5234 Theodosia Ave. 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION 10408 Niblick Drive			

3. NAME OF DECEASED (Type or Print)	a. (First) William	b. (Middle) F.	c. (Last) Niedringhaus	4. DATE OF DEATH (Month) (Day) (Year) Mar. 10, 1949
-------------------------------------	--------------------	----------------	------------------------	--

5. SEX male 0	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Dec. 17, 1977	9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Days	Hours	Min.
---------------	------------------------	--	--------------------------------	------------------------------------	------------------------	----------------------	-------	------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maintainence Man	10b. KIND OF BUSINESS OR INDUSTRY Wagner Elec. Co.	11. BIRTHPLACE (State or foreign country) St. Louis, Mo. 0	12. CITIZEN OF WHAT COUNTRY?
--	--	--	------------------------------

13a. FATHER'S NAME Henry Niedringhaus	13b. MOTHER'S MAIDEN NAME Caroline Teckenbrock	14. NAME OF HUSBAND OR WIFE Louise Niedringhaus
---------------------------------------	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. 493-09-5337	17. INFORMANT'S SIGNATURE OR NAME Mr. Wm. Niedringhaus - 10408 Niblick	ADDRESS
---	-------------------------------------	--	---------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary edema		4 hours
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive cardiac-vascular disease DUE TO (c) 440*		15-20 yrs.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	----------------------------------	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
---	--	----------------------------

22. I hereby certify that I attended the deceased from Feb. 1949, to Mar. 10, 1949, that I last saw the deceased alive on Mar. 10, 1949, and that death occurred at 1:35 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Burke Eck (M.D.)	23b. ADDRESS 4701 St. Louis Ave	23c. DATE SIGNED Mar. 11, 49
---	---------------------------------	------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 3/12/49	24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.
--	-------------------	---	---

DATE REC'D BY LOCAL REG. 3-12-49	REGISTRAR'S SIGNATURE (Signature)	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Drehmann-Harral - 1905 Union Blvd.
----------------------------------	-----------------------------------	---

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

Dr. P. A. Eck (9:30-12)  
4701a St. Louis

---

---

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Albert R. Thompson*

Licensed Embalmer No. 42037

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.