

FILED JUL 31 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25115

State File No. 6428

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. 1003 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo.	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4981a Tholozan Ave		14. STREET ADDRESS (If rural, give location) 4981a Tholozan Ave.	

3. NAME OF DECEASED (Type or Print) a. (First) LOUISE		b. (Middle) C.		c. (Last) NIEHAUS		4. DATE OF DEATH (Month) (Day) (Year) July 26, 1950	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow		8. DATE OF BIRTH Nov. 10, 1862		9. AGE (In years last birthday) 87 # UNDER 1 YEAR Months 8 Days 16 # UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.	

13a. FATHER'S NAME George Mueller		13b. MOTHER'S MAIDEN NAME Elizabeth Unknown		14. NAME OF HUSBAND OR WIFE Late Andrew Niehaus	
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.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Amy L. Niehaus-4981a Tholozan Ave	

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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		Coronary Insufficiency	INTERVAL BETWEEN ONSET AND DEATH 6 weeks
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause. (a) stating the underlying cause last.		Chronic Cardiosclerosis	10 years
	DUE TO (c)		Atherosclerosis	15 years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		Chronic uremia		2 years

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) St. Louis - Missouri	
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? 592X	

22. I hereby certify that I attended the deceased from Sept. 1938, to July 26, 1950, that I last saw the deceased alive on July 26, 1950, and that death occurred at 7 A. m., from the causes and on the date stated above.

23a. SIGNATURE Francis J. Weir M.D.		23b. ADDRESS 5203 Chipping Rd.		23c. DATE SIGNED July 26, 1950	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7-29-50		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	
24d. LOCATION (City, town, or county) (State) St. Louis, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Kriegshauser-4228 S. Kingshighway Bl		ADDRESS	
DATE REC'D BY LOCAL REG. JUL 27 1950		REGISTRAR'S SIGNATURE D. B. Lasater			

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

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 *Richard W. Stovessand*

Licensed Embalmer No. *4007*

P. O. Address _____

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.