

FILED SEP 9 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

7291

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 4003		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2169	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4331 Connecticut St.				16. STREET ADDRESS (If rural, give location) 4331 Connecticut St.			
3. NAME OF DECEASED (Type or Print)		a. (First) Charles		b. (Middle) H.		c. (Last) Nienhaus	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		4. DATE OF DEATH (Month) (Day) (Year) August 25, 1950	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Automotive Worker		10b. KIND OF BUSINESS OR INDUSTRY Carter Carburetor		8. DATE OF BIRTH January 11, 1895		9. AGE (In years last birthday) 55 OF UNDER 1 YEAR Months Days OF UNDER 1 MIN. Hours Min.	
11. BIRTHPLACE (State or foreign country) Perryville, Missouri				12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Bernard Nienhaus		13b. MOTHER'S MAIDEN NAME Josephine Kirn		14. NAME OF HUSBAND OR WIFE Isabelle Nienhaus			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes, World War I		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Isabelle Nienhaus 4331 Connecticut St.			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 2 1/2 yrs	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		1950	
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 1948			
22. I hereby certify that I attended the deceased from 7-25-1950 , to 8-25-1950 , that I last saw the deceased alive on 8-25-1950 , and that death occurred at 8 P. m. , from the causes and on the date stated above.							
23a. SIGNATURE Dorothy Reich				23b. ADDRESS 5442 S. Kings Highway		23c. DATE SIGNED 8-26-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE August 28, 1950		24c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri	
DATE REC'D BY LOCAL REG. AUG 28 1950		REGISTRAR'S SIGNATURE J. B. Parater		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Gebken-Benz Mortuary 2842 Meramec St.			

(Licensed Embalmer's Statement on Reverse Side)

St. Louis, 18 Missouri

WRITE PLAINLY—USING UNFADING 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 Me

working under my personal supervision.

Student Embalmer No.....

Signed.....

Joe S. Benz

Licensed Embalmer No. 1219

Signed.....
Student Embalmer

P. O. Address 2842 Meramec St.

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.