

FILED OCT 10 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32225

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 2305

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|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY St. Louis | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis | |
| b. CITY OR TOWN Blackjack | | c. CITY OR TOWN Blackjack | |
| c. LENGTH OF STAY (in this place) _____ | | d. STREET ADDRESS (If rural, give location) Parker Rd., Box 148 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Parker Rd Box 148 | | e. CITY OR TOWN Blackjack | |

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|---|---|---|--|--|---|
| 3. NAME OF DECEASED (Type or Print) Henry C. Niehaus | | | 4. DATE OF DEATH (Month) (Day) (Year) Sept 25th, 1950 | | |
| a. (First) | b. (Middle) | c. (Last) | Month | Day | Year |
| 5. SEX male | 6. COLOR OR RACE white | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married | 8. DATE OF BIRTH Apr. 2nd 1877 | | 9. AGE (In years last birthday) 73 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer | 10b. KIND OF BUSINESS OR INDUSTRY farm | 11. BIRTHPLACE (State or foreign country) St. Louis, Mo. | | 12. CITIZEN OF WHAT COUNTRY? US | |

| | | |
|--|---|--|
| 13a. FATHER'S NAME Herman Niehaus | 13b. MOTHER'S MAIDEN NAME Mary Gerling | 14. NAME OF HUSBAND OR WIFE Wilhelmina Niehaus |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) no | 16. SOCIAL SECURITY NO. _____ | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Wilhelmina Niehaus, R#1 Box 148 Florissant, Mo. |

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|--|---|--|---|
| 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 | | INTERVAL BETWEEN ONSET AND DEATH 13 days |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broncho pneumonia | DUE TO (b) Arterio sclerotic Heart Disease 2 yrs | | |
| ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | DUE TO (c) Cerebellar atrophy of Marie | | 10 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) (Min) _____ | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 21f. HOW DID INJURY OCCUR? 3552 |

22. I hereby certify that I attended the deceased from **8-22, 1950**, to **9-25, 1950**, that I last saw the deceased alive on **9-25, 1950**, and that death occurred at **10:50 P.M.**, from the causes and on the date stated above.

| | | |
|---|--|---|
| 23a. SIGNATURE M.D. Johnson M.D. (Degree or title) | 23b. ADDRESS Ferguson Mo. | 23c. DATE SIGNED 9-26-50 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) burial | 24b. DATE 9/28/50 | 24c. NAME OF CEMETERY OR CREMATORY Salem Ev. Luthern Cemetery St. Louis Co., Mo. |
| 24d. LOCATION (City, town, or county) (State) _____ | 25. FUNERAL DIRECTOR'S SIGNATURE Diedrich F. Home | ADDRESS 8319 Hallsferry |
| DATE REC'D BY LOCAL REG. 9-26-50 | REGISTRAR'S SIGNATURE H. Honke M.D. | |

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

Edwin D. Padwell

Signed.....
Student Embalmer

Licensed Embalmer No. 4077

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.