

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

9394

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>		d. STREET ADDRESS (If rural, give location) <u>4814 Terrace Ave.</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4814 Terrace Ave.</u>				d. STREET ADDRESS <u>4814 Terrace Ave.</u>					
3. NAME OF DECEASED (Type or Print) <u>JOSEPH H. NIENHAUS</u>			a. (First)		b. (Middle)		c. (Last)		
4. DATE OF DEATH <u>Oct. 10 1952</u>			(Month)		(Day)		(Year)		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>May 19, 1872</u>		9. AGE (In years last birthday) <u>80</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Conductor (Retired)</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Public Service Co.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Perry Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? _____			
13a. FATHER'S NAME <u>Henry Nienhaus</u>			13b. MOTHER'S MAIDEN NAME <u>Elizabeth Gebhardt</u>			14. NAME OF HUSBAND OR WIFE <u>Olive Nienhaus</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>493-10-9676</u>			17. INFORMANT'S SIGNATURE OR NAME <u>Harry Nienhaus</u>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinomatosis</u>					INTERVAL BETWEEN ONSET AND DEATH _____	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of undetermined site</u>			DUE TO (c) _____						
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arterio Sclerotic Heart Disease</u>									
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) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Oct 10 1952</u>			21e. INJURY OCCURRED WHILE AT WORK? <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR? <u>1999</u>			
22. I hereby certify that I attended the deceased from <u>June 4, 1951</u> , to <u>Oct 10, 1952</u> , that I last saw the deceased alive on <u>10/10, 1952</u> , and that death occurred at <u>5:00 A.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Arion Hendin</u>			23b. ADDRESS <u>457 No. Kingshighway</u>			23c. DATE SIGNED <u>10/10/52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>			24b. DATE <u>Oct. 13, 1952</u>			24c. NAME OF CEMETERY OR CREMATORY <u>Resurrection Cemetery</u>			
24d. LOCATION (City, town, or county) (State) <u>St. Louis Co. Mo.</u>			24e. NAME OF CEMETERY OR CREMATORY <u>St. Louis Co. Mo.</u>			24f. LOCATION (City, town, or county) (State) _____			
DATE REC'D BY LOCAL _____			REGISTRAR'S SIGNATURE <u>J. Carl Smith, M.D.</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Kriegshausner</u>			
OCT 11 1952			REGISTRAR'S SIGNATURE <u>J. Carl Smith, M.D.</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Kriegshausner</u>			
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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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed William B. White

Licensed Embalmer No. 4291

P. O. Address 4229 St. Kensington

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.