

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43686

State File No. _____

318

1003

Registrar's No. 11224

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		REGISTRAR'S NO. _____			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u>				b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Saint Louis</u>		c. LENGTH OF STAY (In this place) <u>43 Years</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis,</u>		<u>2109</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2939 Dodier Street, 7</u>				d. STREET ADDRESS (If rural, give location) <u>10 2939 Dodier Street, 7</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Anna</u>			b. (Middle) _____			c. (Last) <u>Niederluecke</u>			
4. DATE OF DEATH (Month) (Day) (Year) <u>December 4th, 1952</u>									
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Dec. 22nd, 1871</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>Housework</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>		11. BIRTHPLACE (State or foreign country) <u>Owensville, Missouri</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>August Wacker</u>			13b. MOTHER'S MAIDEN NAME <u>Marie (Unknown)</u>			14. NAME OF HUSBAND OR WIFE <u>Late William H. Niederluecke</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>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>William H. Niederluecke, Jr.</u>			ADDRESS <u>2939 Dodier</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Arteriosclerotic Heart Disease</u>				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH				ANTECEDENT CAUSES					
This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				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.					
19a. DATE OF OPERATION <u>0</u>		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE <u>0</u> (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 <u>0</u> (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR? <u>4200</u>				
22. I hereby certify that I attended the deceased from <u>Oct 1947</u> to <u>4 Dec, 1952</u> , that I last saw the deceased alive on <u>1 Dec, 1952</u> , and that death occurred at <u>11:00P</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <u>A. C. Esterhoff M.D.</u> (Degree or title)				23b. ADDRESS <u>634 So Grand</u>			23c. DATE SIGNED <u>12/5/52</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal 4</u>		24b. DATE <u>12/6/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mount Lebanon Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>DEC 5, 1952</u>		REGISTRAR'S SIGNATURE <u>Paul Smith M.D.</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Calvin F. Feutz, 4828 Natural Bridge Blvd.</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

Je 0100
Hours 2:00 P. M. to 4:00 P. M.,
(Friday Sure)

File in City

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 *John A. Menier*

Licensed Embalmer No. *4186*

P. O. Address *St. Louis Mo*

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.