

FILED SEP 13 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 28573

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 1972

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

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 (If outside corporate limits, write RURAL and give township) OR TOWN Manchester		c. LENGTH OF STAY (in this place) 5 days	c. CITY OR TOWN Lemay 870
d. FULL NAME OF HOSPITAL OR INSTITUTION Pine Crest Homes		e. STREET ADDRESS (If rural, give location) 712 Orient	
3. NAME OF DECEASED (Type or Print) a. (First) Bernard b. (Middle) Herman c. (Last) Niehaus		4. DATE OF DEATH Aug. 22, 1955	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Feb. 2, 1871
9. AGE (in years last birthday) 84	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bricklayer		10b. KIND OF BUSINESS OR INDUSTRY UNK	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Lambert Niehaus	13b. MOTHER'S MAIDEN NAME Mary Schenckmann
14. NAME OF HUSBAND OR WIFE Elizabeth 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. 496-14-9344
17. INFORMANT'S SIGNATURE OR NAME Pine Crest Home		ADDRESS Ballwin, Mo	
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) Cerebral Hemorrhage  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Myocarditis DUE TO (c) Arteriosclerosis	INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION H221	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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Aug. 17, 1955, to Aug. 22, 1955, that I last saw the deceased alive on Aug 20, 1955, and that death occurred at 3:12P m., from the causes and on the date stated above.			
23a. SIGNATURE R.W. Jansen		23b. ADDRESS M.D. 932 Newport - Albert Gross Inc	23c. DATE SIGNED 8/23/55
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 8/24/55	24c. NAME OF CEMETERY OR CREMATORY St. Peter & Paul St. Louis, Mo.	24d. LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REG. 8/24/55	REGISTRAR'S SIGNATURE Lester B. ...	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS H. Fendler and Co. 7420 Michigan	

**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.....  
Signature of Student Embalmer

Signed..... *W. G. Peterson*

Licensed Embalmer No. *376*

P. O. Address *7420 Michigan*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.