URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-60-028669

STATE FILE NUMBER

FILED VS AUG 1 0 1960

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7044

ENDED

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis
Length of stay in 1b: 3 weeks
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: DePaul Hospital
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: St. Louis
c. CITY OR TOWN: Florissant, Missouri
Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): Route #2
Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First ELMER Middle A. Last NIEHAUS
4. DATE OF DEATH: Month JULY Day 13, Year 1960
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 10-6-1911
9. AGE (last birthday): 48
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sheet Metal Worker
10b. KIND OF BUSINESS OR INDUSTRY: McDonald Aircraft
11. BIRTHPLACE (City and state or country): Florissant, Missouri
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Herman Niehaus
13b. MOTHER'S MAIDEN NAME: Carrie Kamp
14. NAME OF HUSBAND OR WIFE: Lucille Niehaus
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 493-03-2175
17. INFORMANT: Lucille Niehaus
Address: Route#2, Florissant, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Nephritis, Glomerulo
INTERVAL BETWEEN ONSET AND DEATH: 2 years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c): 593A
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1955, to July 13, 1960 and last saw him alive on July 12, 1960
Death occurred at 12:30 AM 12:30 am on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): M D Ferguson MD
22b. ADDRESS: Ferguson MD
22c. DATE SIGNED: 7-13-60

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: July 16, 1960
23c. NAME OF CEMETERY OR CREMATORY: Salem Lutheran Cemetery
23d. LOCATION (City, town, or county) (State): Florissant, Missouri

24. FUNERAL DIRECTOR: Math Hermann & Son, Inc.
ADDRESS: 2161 E. Fair
25. DATE RECD. BY LOCAL REG.: JUL 13 1960
26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.
MD

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed [illegible]

Signature of Student Embalmer

Licensed Embalmer No. 4202

P. O. Address [illegible]

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co 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.