URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

60-048270

FILED VS JAN 5 1961

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Registration District No. 317 Primary Registration District No. 500 Registrar's No. 3644

STATE FILE NUMBER

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Creve Coeur,
Length of stay in 1b: 32 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Box 64 R.R.2-Craig Rd.
Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo.
b. COUNTY ST LOUIS
c. CITY OR TOWN Creve Coeur,
Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) Box 64 R.R 2 Craid Rd.
Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First WILLIAM Middle ERNEST Last NIEHAUS

4. DATE OF DEATH Month Dec. Day 16th, Year 1960

5. SEX Male

6. COLOR OR RACE White

7. Married ☑ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH 10-4-1904

9. AGE (last birthday) 56
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) Mechanic Retd- 2yrs

10b. KIND OF BUSINESS OR INDUSTRY Contenantal Baking

11. BIRTHPLACE (City and state or country) ST LOUIS, MO

12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME John Niehaus

13b. MOTHER'S MAIDEN NAME Ida Roeder

14. NAME OF HUSBAND OR WIFE Muriel O. 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. 489-01-1058

17. INFORMANT Muriel O.Niehaus-Box 64 R.R.2 Craig Rd.

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) Myocardial Infarction
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH

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 ___, to ___ and last saw her/him alive on ___
Death occurred at 7:55 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Robert G. Hughes (Degree or title) M.D.

22b. ADDRESS 11600 Olive St. Rd.

22c. DATE SIGNED 12/19/60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE Dec. 20, 1960

23c. NAME OF CEMETERY OR CREMATORY St Pauls Evangelical

23d. LOCATION (City, town, or county) St. Louis County, (State) Mo.

24. FUNERAL DIRECTOR Kriegshauser-9450 Olive Str Rd.
ADDRESS

25. DATE RECD. BY LOCAL REG. 12-19-60

26. REGISTRAR'S SIGNATURE John B. Murphy M.D.

(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 William B. White

Signature of Student Embalmer

Licensed Embalmer No. 4291

P. O. Address 4228 [illegible]

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