

No. 2
-13-40
17-39
X23139

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 5163

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis City Hospital #10
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11 Days
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Anthony Niedewieser

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Emilie Niedewieser 6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased November 26 1864
(Month) (Day) (Year)

8. AGE: Years 76 Months 6 Days 26 If less than one day _____ hr. _____ min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Telegraph Operator

11. Industry or business _____

12. Name Anthony Niedewieser

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Agnes (Unknown)

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Emilie Niedewieser

(b) Address 6164 Tennessee Av.

17. (a) Cremation (b) Date thereof 6-26-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Missouri Crematory

18. (a) Signature of funeral director Walter Ford

(b) Address 2929 South Jefferson, St. Louis, Mo

19. (a) JUN 24 1941 (b) J. J. Bredebeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 17
(d) Street No. 6164 Tennessee
(If rural, give location) 9
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 22,
year 1941 hour 9:20 minute P. M.

21. I hereby certify that I attended the deceased from June 12, 1941 to June 22, 1941
that I last saw h im alive on June 22, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Thrombosis 2 years

Due to arteriosclerosis years

Due to Hypertension years

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature Walter Ford (M. D. or other) 6/23/41
Address 1515 Lafayette Ave. Date signed _____

WRITE PLAINLY—USE 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.....
Paul Shanklin....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Edgar F. Witt
Licensed Embalmer No. *2117*

P. O. Address *2929 S. Jefferson*

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.