

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

11203

1. PLACE OF DEATH

County.....
Township.....
City..... *St. Louis*

Registration District No.....
Primary Registration District No.....
(No. *St. Anthony Hosp.*)

File No.....
Registered No. *3033*
Ward)

2. FULL NAME

John C. Nieman
(a) Residence, No. *4634 Page St.*, *12* Ward.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* **4. COLOR OR RACE** *White* **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** *married*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Margaret C. Nieman*

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Oct 4-1865*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
62. *5.* *10.*

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work *conductor*
(b) General nature of industry, business, or establishment in which employed (or employer) *Rail Road*
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Three Rivers Michigan*

10. NAME OF FATHER *John Nieman*

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) *Germany*

12. MAIDEN NAME OF MOTHER *Sophia McCarty*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) *Michigan*

14. INFORMANT *Margaret Nieman*
(Address) *4634 Page St.*

15. FILED *18 1928* *Wm C. Starker*
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *March 15 1928*

17. I HEREBY CERTIFY, That I attended deceased from *Mar 1*, 19*28*, to *Mar 15*, 19*28*
that I last saw *him* alive on *Mar 15*, 19*28*, and that death occurred, on the date stated above, at *7 P.M.*

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Arterio sclerosis *131*
Base tumor *126*
129 *77*
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) *Urinary Chroun*
Nephritis (duration) yrs. mos. ds. *7*

18. WHERE WAS DISEASE CONTRACTED *St. Louis mo*
IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH. *no* DATE OF.....
20. WAS THERE AN AUTOPSY? *no*

WHAT TEST CONFIRMED DIAGNOSIS? *Phys Exam & Ray*
(Signed) *J. C. Lytle* M. D.

Nov 17, 1928 (Address) *21 Jones Bldg St. Louis mo*
*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL *Lake Charles Cem* **DATE OF BURIAL** *Mar 17, 1928*

20. UNDERTAKER *C. R. Lupton* **ADDRESS** *4111 Olive St.*

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

H. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Trisco Bldg.

8275