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

N. 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.

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

Do not use this space.

11283

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 3120

City St. Louis, (No. Alexian Bros. Hospital St. ..... Ward)

2. FULL NAME Edward J. Niemann.

(a) Residence. No. 4231 Louisiana Avenue St., 15 Ward. (If nonresident give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 30. 1890

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
37	2	19	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Book-keeper.

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY) St. Louis, Mo.

PARENTS

10. NAME OF FATHER August C. Niemann.

11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY) St. Louis, Mo.

12. MAIDEN NAME OF MOTHER Anna S. Wurm.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY) St. Louis, Mo.,

14. INFORMANT Leo F. Niemann (Address) 4231 Louisiana Avenue.

15. FILED 20 1928 19 Max C. Starkoff REGISTRAR

3 **MEDICAL CERTIFICATE OF DEATH** 3 10

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 19 1928

17. I HEREBY CERTIFY, That I attended deceased from Feb 15, 1928, to March 19, 1928 that I last saw him alive on March 18, 1928, and that death occurred, on the date stated above, at 6 45 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of mesentary of small bowel

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 45

(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? Yes DATE OF March 17/1928

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? Operation - Microscope

(Signed) Joseph L. Ferris, M. D.

3/19, 1928 (Address) 3138 So. Meramec St

*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 SS. Peter & Paul Cemetery — DATE OF BURIAL Mar. 21 1928

20. UNDERTAKER J. H. Gibbons Lawn Co — ADDRESS 2842 Meramec