

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

Do not use this space.

6930

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
 Township..... Primary Registration District No. **1003**  
 City **St. Louis** (No. **2402**) **St. 10<sup>th</sup>**

File No.....  
 Registered No. **1786**  
 St. .... Ward)

**2. FULL NAME**

**Andrey J. Niemcier**  
 (a) Residence. No. **2402 St. 10<sup>th</sup>** St. **23** Ward.

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** Catherine Niemcier

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)** Oct 25 1864

**7. AGE** YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
 65 3 24

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work **Lacker**  
 (b) General nature of industry, business, or establishment in which employed (or employer)  
 (c) Name of employer **Brahm Paper Co.**

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

**10. NAME OF FATHER** John Niemcier

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

**12. MAIDEN NAME OF MOTHER** Adèle Junges

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

**14. INFORMANT** Catherine Niemcier  
 (Address) **2402 St. 10<sup>th</sup> St**

**15. FILED** **21** 19**30** **St. 10<sup>th</sup> St** REGISTERAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** Feb 19 1930

**17. I HEREBY CERTIFY** That I attended deceased from **Feb. 10<sup>th</sup>** 19**30** to **Feb. 19<sup>th</sup>** 19**30** that I last saw him alive on **Feb. 19<sup>th</sup>** 19**30**, and that death occurred, on the date stated above, at **10<sup>15</sup> A**

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

**Pericarditis acute**  
**90 B**  
**106 B** (duration) yrs mos **21** ds.  
**CONTRIBUTORY** **Bronchitis chronic**  
**(SECONDARY)** **non Tubercular** (duration) 1 yrs mos ds.

**18. WHERE WAS DISEASE CONTRACTED** **87**  
 IF NOT AT PLACE OF DEATH

**8** **DID AN OPERATION PRECEDE DEATH** DATE OF

**87** **WAS THERE AN AUTOPSY?**

**WHAT TEST CONFIRMED DIAGNOSIS**  
 (Signed) **Edward Wenger**, M. D.

**2.20** 19**30** (Address) **2002 S. B. Hwy**

\*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** **St Peter Paul** **Feb 22 1930**  
**DATE OF BURIAL**

**20. UNDERTAKER** **Wacker Helderle** **2331 S. Hwy**  
**ADDRESS**

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.

10-1-151

WRITE PLAINLY, WITH UNWAIVING HONESTY—THIS IS A PERMANENT RECORD

