

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

Do not use this space.

10376

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1003
 City St. Louis (No. 5863^a Gate Brilliant Ave. Ward)

File No.....
 Registered No. 2350

2. FULL NAME

John N. Neimer Jr.
 (a) Residence No. 5863^a Gate Brilliant Ave. Ward.....
 (Usual place of abode) (If nonresident, give city or town and State)
 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 23, 1930
 7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
1 13

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work None
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

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

PARENTS
 10. NAME OF FATHER John N. Neimer Sr.
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) St. Louis
 (STATE OR COUNTRY) Missouri
 12. MAIDEN NAME OF MOTHER Melba Owens
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Louis
 (STATE OR COUNTRY) Missouri

14. INFORMANT Mr. John N. Neimer Sr.
 (Address) 5863^a Gate Brilliant Ave.

15. FILED 6 19 1930
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 6 1930
 17. I HEREBY CERTIFY, That I attended deceased from Mar 2, 1930, to Mar 6, 1930 that I last saw him alive on Mar 5, 1930, and that death occurred, on the date stated above, at 7:10 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Broncho-pneumonia
Primary
107A
 (duration) yrs. mos. 4 ds.

CONTRIBUTORY (SECONDARY) 1000
 (duration) yrs. mos. ds.

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

0 DID AN OPERATION PRECEDE DEATH? NO DATE OF _____
 WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS Smear
 (Signed) M. D. Jennings M. D.
Mar 7, 1930 (Address) 4101 Washington 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 St. Peters Cem. DATE OF BURIAL 3-8 1930

20. UNDERTAKER Geo. L. Oleitich ADDRESS 5966 Eastern

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.

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4101 Washington Co.

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