

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

Do not use this space.

41264

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1038
City..... St. Louis. (No. 1928 President Street.)

File No.....
Registered No. 11936
St. Ward)

2. FULL NAME Mary Ann Niemeier.

(a) Residence. No. 1928 President St. St. 24 Ward. (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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 28, 1863.

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	67	1	23.	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... At home.
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN)..... Monroe Co., Ills.
(STATE OR COUNTRY)

10. NAME OF FATHER Fred Johannng.

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

12. MAIDEN NAME OF MOTHER Mary Ann Horn.

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

14. INFORMANT..... Char. Niemeier
(Address) 1928 President Street.

15. FILED..... Jan 22 1935
REGISTRAR Max C. Stork

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 21 19 30 ^{12/21}

17. I HEREBY CERTIFY. That I attended deceased from June 10th, 19 30, to December 1, 19 30; that I last saw her alive on Dec 12, 19 30, and that death occurred, on the date stated above, at 11 30 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis 11 30 P.M. 9.30

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

0 DID AN OPERATION PRECEDE DEATH? No DATE OF ✓

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) W. H. Almeter, M. D.

12/22, 19 30 (Address) 1319 So Broadway

*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. Trinity Luthern Cem. DATE OF BURIAL Dec. 24, 19 30.

20. UNDERTAKER St. Gebken L & Co. ADDRESS 2842 Meramec.

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.

