

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

Do not use this space.

13993

File No. \_\_\_\_\_  
Registered No. **3298**  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**1. PLACE OF DEATH**

County \_\_\_\_\_ Registration District No. \_\_\_\_\_  
Township \_\_\_\_\_ Primary Registration District No. **10A**  
City **St. Louis** (No. **City Hospital**)

**22084**

**2. FULL NAME**

(a) Residence, No. **1955 President** St. **24**  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred **Life** 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) **single**

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Feb. 18-1931**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.  
**1 1 16**

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **nil**

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. \_\_\_\_\_

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

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

13. NAME **Paul Niemeier**

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

15. MAIDEN NAME **Anna Bertram**

16. BIRTHPLACE (CITY OR TOWN) **Waterloo** (STATE OR COUNTRY) **Illinois**

17. INFORMANT **Hospital Information** (ADDRESS) **City Hospital**

18. BURIAL, CREMATION, OR REMOVAL PLACE **St. Peter's Paul Care** DATE **April 6 1932**

19. UNDERTAKER **J. A. Kubben P. & Co.** (ADDRESS) **2842 Meadway St.**

20. FILED **APR - 1 1932** **Ray C. Standen** Registrar

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **April 3rd, 1932**

22. I HEREBY CERTIFY, That I attended deceased from **Mar. 27th 1932** to **April 3rd, 1932**

I last saw her alive on **April 3rd, 1932** Death is said to have occurred on the date stated above, at **9:45 P.M.**

The principal cause of death and related causes of importance were as follows:

**Encephalitis lethargica**  
**17 17**  
**11 B**  
Other contributory causes of importance **La Grippe**

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? **No.**

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_

(Signed) **J. M. Macmillan**, M. D.  
(Address) **City Hospital**

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.

7-remember