

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.

17578

1. PLACE OF DEATH

County Registration District No. **701**
Township Primary Registration District No. **1008**
City **St. Louis** (No. **Lutheran Hospital**) St. Ward)

File No.
Registered No. **4492**

2. FULL NAME

Francis V Niemeier
(a) Residence, No. **3303 Cherokee** St., **16** 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

2 MEDICAL CERTIFICATE OF DEATH

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 **Andrew Niemeier**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Aug 29 - 95**

7. AGE YEARS **36** MONTHS **8** DAYS **7** If LESS than 1 day, hrs. or min.

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **235**

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation **20**

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

13. NAME **Val Scharlott**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

15. MAIDEN NAME **Unknown**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**

17. INFORMANT (ADDRESS) **Andrew Niemeier 3303 Cherokee**

18. BURIAL, CREMATION, OR REMOVAL PLACE **New St. Marcus** DATE **5-9-32**

19. UNDERTAKER (ADDRESS) **W. C. Moydell 6924 Allen**

20. FILED **MAY - 6 1932** Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 6 1932**

22. I HEREBY CERTIFY, That I attended deceased from **May 4 1932** to **May 6 1932**
I last saw him alive on **May 6 1932** Death is said to have occurred on the date stated above, at **6:15 A.M.**
The principal cause of death and related causes of importance were as follows:

Chronic endocarditis & myocarditis
92A
92B
Other contributory causes of importance **20**

Name of operation **none** Date of
What test confirmed diagnosis? **none** 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? **no**
If so, specify

(Signed) **Edwin B. Niemeier** M. D.
(Address) **6600 Delmar Blvd**

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