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.

41984

1. PLACE OF DEATH

County ..... Registration District No. 791 1003 File No. .....

Township ..... Primary Registration District No. ..... Registered No. 11102

City St. Louis (No. City Hospital St. ..... Ward)

#15382

2. FULL NAME Oscar Niemeyer

(a) Residence, No. 3967 Lincoln St., 11 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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 male

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 5th, 1902

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
30	4	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baker's helper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 22

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Missouri 1

FATHER

13. NAME John Niemeyer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jefferson City Missouri

MOTHER

15. MAIDEN NAME Kate Linhardt

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 10

17. INFORMANT (ADDRESS) Hospital Information Grace Kopp City Hospital

18. BURIAL, CREMATION, OR REMOVAL

PLACE Concordia Cemetery DATE Dec 16 1932

19. UNDERTAKER (ADDRESS) E. J. Schnur 3125 Lafayette Ave.

20. FILED DEC 14 1932 19 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 13th, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec. 7th 32, to Dec. 13th 32

I last saw him alive on Dec. 13th, 1932 Death is said to have occurred on the date stated above, at 9.25 A.M.

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

	Date of onset
Lobar Pneumonia (Rt. lower)	
34	
108	
92A	

108

Other contributory causes of importance:

Chr. aortic Endocarditis
C.N.S. lues

Name of operation None Date of .....

What test confirmed diagnosis? Clinical 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. 1

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Maurice A. Diehr, M. D.

(Address) City Hospital