

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

Do not use this space.

1. PLACE OF DEATH

County Registration District No. **791**
 Town Primary Registration District No. **1000**
 City **St. Louis, Mo.** (No. **St. Luke's Hospital**)

File No. **27851**
6885
 Registered No.
 St. Ward)

2. FULL NAME

Emil N. Niemann Jr.
 (a) Residence, No. **4826 Patomac** St., **96** 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 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 Dorothy E. Niemann		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sep. 21, 1903		
7. AGE	YEARS 29	MONTHS 10
	DAYS 18	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. draughtsman	
	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) Aug 11, 1933	11. Total time (years) spent in this occupation 4 yrs
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.		
MOTHER / FATHER	13. NAME Emil N. Niemann	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.	
	15. MAIDEN NAME Lillie Story	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.	
17. INFORMANT Emil N. Niemann (ADDRESS) 3816 Shawan Av.		
18. BURIAL, CREMATION, OR REMOVAL PLACE Calmery Cem. DATE 8/10/33		
19. UNDERTAKER (ADDRESS) Bergsack and Co., 3641 Washington Bldg.		
20. FILED UG - 9 1933 J. F. Beebeck Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Aug 8, 1933**

22. I HEREBY CERTIFY, That I attended deceased from **July 26, 1933**, to **Aug 7, 1933**
 I last saw him/her alive on **Aug 7, 1933**. Death is said to have occurred on the date stated above, at **5:00 p.m.**
 The principal cause of death and related causes of importance were as follows:

Acute myocarditis (dynamator) 93c
Coronary sclerosis, epicarditis 94B
arterio-sclerosis 11A

Date of onset

Other contributory causes of importance:
Influenzal pneumonia
arterio-sclerosis

Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy? **Yes**

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) **W. J. Jordan** M. D.
 (Address) **2024 Arsenal St.**

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.

SEP 28 1933

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