

APR 25 1936

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

Do not use this space.

PLACE OF DEATH

County
Township
City *St Louis Mo.*

Registration District No. *791*
Primary Registration District No. *1008*

File No. *11137*
Registered No. *2998*
St. Ward)

2. FULL NAME

(a) Residence, No. *2711 Gravois Ave* St. *23* Ward.

(Usual place of abode) (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 *Cecilia Niemann*
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Sept 14th 1878*
7. AGE YEARS *55* MONTHS *6* DAYS *9* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Druggist*
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 Mo* (STATE OR COUNTRY)

13. NAME *Aug P. Niemann*
14. BIRTHPLACE (CITY OR TOWN) *Germany* (STATE OR COUNTRY)

15. MAIDEN NAME *Clara A Schmitz*
16. BIRTHPLACE (CITY OR TOWN) *Germany* (STATE OR COUNTRY)

17. INFORMANT *Cecilia Niemann* (ADDRESS) *2711 Gravois Ave.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *New St Peter & Paul* DATE *March 27th 1934*

19. UNDERTAKER *J. H. Schenck & Co* (ADDRESS) *2628 Gravois Ave*

20. FILED *R 20 161 19* *J. F. Bredeck* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *March 23rd 1934*

22. I HEREBY CERTIFY, That I attended deceased from *Jan 1*, 19³⁴, to *March 23*, 19³⁴
I last saw him alive on *March 23*, 19³⁴. Death is said to have occurred on the date stated above, at *7 P.* m.

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

Chronic myocarditis Date of onset *1-1-33*
936
111B
730
Other contributory causes of importance:
Myocarditis Pneumonia *2-10-34*

Name of operation *none* 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 *nasopharynx*, M. D.
(Signed) *3318 S. Grand*
(Address) *St Louis Mo*

