

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.

MAY 25 1934

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

Do not use this space.

14183

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City **St. Louis,** (No. **2923 Virginia Ave.**) St. _____ Ward _____

File No. **3319**
Registered No. _____
St. _____ Ward _____

2. FULL NAME **Paul H. Niemeier**

(a) Residence, No. **2923 Virginia Ave.** St. **16** Ward _____
(Usual place of abode)

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

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 **Anna Niemeier.**
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **July 14, 1891.**
7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
42 8 17
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Painter**
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) (STATE OR COUNTRY) **St. Louis, Mo.**

MOTHER FATHER 13. NAME **Fred Niemeier.**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Waterloo, Ills.**

15. MAIDEN NAME **Mary Ann Johanning**

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

17. INFORMANT (ADDRESS) **Charles Niemeier 2923 Virginia Ave.**

18. BURIAL, CREMATION, OR REMOVAL **St. Trinity Luth. Cem. DATE Apr. 3, 1934.**

19. UNDERTAKER (ADDRESS) **J. S. Hubken Luth. Co. 2842 Meramec St.**

20. FILED **2** 1934 19 **J. S. Brudeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Apr. 1, 1934**

22. I HEREBY CERTIFY, That I attended deceased from **Sept 10, 1933**, to **April 1, 1934**
I last saw him alive on **March 31, 1934** Death is said to have occurred on the date stated above, at **9:00 A. M.**
The principal cause of death and related causes of importance were as follows:

23. Pulmonary T. B. Date of onset **??**

Other contributory causes of importance: **None**

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

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 **William Bernke**, M. D.
(Signed) **William Bernke**
(Address) **1319 S. Assumption (Dunkel)**

