

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

Do not use this space.

46560

1. PLACE OF DEATH **St. Louis** **MO** **1937**

County.....

Registration District No.....

791

File No.....

Township.....

Primary Registration District No.....

1003

Registered No.....

12350

City **St. Louis**

(No. **4971 Nat'l. Bridge Ave.**)

St..... Ward.....

2. FULL NAME **Carrie Niemeyer**

(a) Residence, No. **4971 Nat'l. Bridge Ave.** **7** 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 Female	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **August Niemeyer**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Aug. 1, 1854**

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	82	4	15	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home
	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**
(STATE OR COUNTRY) **MO.**

13. NAME **Henry Wuelmfeyer**

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

15. MAIDEN NAME **Not Known**

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

17. INFORMANT **Henry Niemeyer**
(ADDRESS) **7202 Normandy Place**

18. BURIAL, CREMATION, OR REMOVAL
PLACE **St. Peters** DATE **Dec. 19, 1936**

19. UNDERTAKER **Wm. Paschedag**
(ADDRESS) **2825 N. Grand Blvd.**

20. FILED **DEC 17 1937** **J. Bredeck**
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Dec. 16, 1936**

22. I HEREBY CERTIFY, That I attended deceased from **May 16** 19**36** to **Dec 16** 19**36**
I last saw him alive on **Dec 16** 19**36** Death is said to have occurred on the date stated above, at **7:30 a.m.**
The principal cause of death and related causes of importance were as follows:

Diabetes
Date of onset

Other contributory causes of importance:
acute Myocarditis

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?
If so, specify.....
(Signed) **Ernest Paschedag** M. D.
(Address) **1918 West Grand**

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.

