FEB 16 1938

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

Do not use this space.

File No. 4184

Registered No. 226

1. PLACE OF DEATH

County St. Louis — Registration District No. 96

Township Carondelet — Primary Registration District No.

City ~~Jefferson Barracks~~ (No. U. S. Veterans Hospital St. Ward)

2. FULL NAME John W. NIEMAN 550

(a) Residence, No. 2813 Meramec St., St., Ward. St. Louis, Missouri.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred unkn. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*)
male	white	married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Angela Nieman,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 6, 1893

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
44	11	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

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, (STATE OR COUNTRY) Missouri.

FATHER

13. NAME August Nieman,

14. BIRTHPLACE (CITY OR TOWN) St. Louis, (STATE OR COUNTRY) Missouri.

MOTHER

15. MAIDEN NAME Anna Wurm,

16. BIRTHPLACE (CITY OR TOWN) St. Louis, Missouri. (STATE OR COUNTRY)

17. INFORMANT Clinical Clerk, M. Schillig (ADDRESS) VAF, Jefferson Brks., Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Peter & Paul Cem. DATE Feb 5-1938, 19

19. UNDERTAKER J. H. Gebken Livery & Und. Co. (ADDRESS) St. Louis, Mo.

20. FILED 2-3, 1938 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 2, 1938.

22. I HEREBY CERTIFY, That I attended deceased from Jan. 9, 1938 to Feb. 2, 1938

I last saw him alive on February 2, 1938. Death is said to have occurred on the date stated above, at 11:40A.M.

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

	Date of onset
Pneumonia, bronchial, bilateral.	unkn.

Other contributory causes of importance:

Alcoholism, chr., Epilepsy, Grand Mal, Toxic Dilirium, severe.	unkn.

Name of operation none Date of -

What test confirmed diagnosis? phys., clinical findings & lab. 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.

Manner of injury

Nature of injury

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

If so, specify

(Signed) C. W. Hughes, M.D., Ch. Med. Officer, U. S. D.

(Address) VAF, Jefferson Barracks, Mo.

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.