

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.

30 1938  
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REC'D SEP 9 1938

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

30032  
 Do not use this space.

1. PLACE OF DEATH  
 (a) County St. Louis Registration District No. 784  
 (b) Township \_\_\_\_\_ Primary Registration District No. 112 Registered No. 1439  
 (c) City Rock Hill (d) Street No. Leonhard Ave. & Manchester Road St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Elizabeth Niemeyer  
 (a) Residence, No. Leonhard Ave. & Manchester Rd. st. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Henry Niemeyer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 15, 1859

7. AGE YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
79	7	14	

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Household

9. Industry or business in which work was done, as 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) Germany

FATHER 13. NAME Ernest Withoelter

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

MOTHER 15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Mrs. Leonhard Grossheim  
Leonhard Ave. & Manchester Rd., Rock Hill, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Park Hill Cemetery DATE Sept. 2, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Beiderwieden F. Home, Inc.  
1936 St. Louis Avenue

20. FILE NO. 516 30 530 19 38 P.R. Meyer, M.D., P.H. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 29, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug. 15, 1938 to Aug. 28, 1938  
 I last saw her alive on Aug. 28, 1938 Death is said to have occurred on the date stated above, at 2:00 am Aug 29, 1938  
 The principal cause of death and related causes of importance were as follows:  
Apoplexy Cerebral Hemorrhage Date of onset 1937

Other contributory causes of importance: 92111

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 \_\_\_\_\_ (Signed) Bert H. Klein, M. D.  
 (Address) 7637 S. Kingshighway  
St. Louis, Mo.

1-1-1936

W. Robert Fleming, Miss

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, .....

....., or by .....

Registered Apprentice No. .... working under my personal supervision.

Signed.....

Licensed Embalmer No. ....

P. O. Address.....

*W. Robert Fleming*  
3737  
1936 W. Fourth Ave

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**