

REC'D MAR 13 1939

 MISSOURI STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH
791
1003

Do not use this space.

4749

1442

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 1
 (b) Township St. Louis Primary Registration District No. 3730 A Shreve Ave. Registered No. 1442
 (c) City St. Louis (d) Street No. 3730 A Shreve Ave. St. 7
 (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 40 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Amelia Niemann
 (a) Residence, No. 3730 A Shreve Ave. St. 7
 (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) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Otto Niemann

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 25, 1871

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
67 11 17

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

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) Missouri

13. NAME Frederick Bushmeyer

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Otto Niemann
4617 Bessie Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peters Cem. DATE Feb. 15, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Wm. F. Paschedag
2825 N. Grand Blvd.

20. FILED FEB 14 1939 J. D. Budek Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 12, 1939 19

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1937 to Feb 12, 1939
 I last saw her alive on Feb 12, 1939. Death is said to have occurred on the date stated above, at 1:20 Pm.

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

Arterio Sclerosis Heart
Coronary Thrombosis
Nephritis Chronic
 Date of onset Nov. 1, 1937

Other contributory causes of importance:

Thrombosis Glomerular
 vessels
 Date of onset Feb 1, 1939

Name of operation _____ Date of _____
 What test confirmed diagnosis? 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) J. M. Thompson, M. D.
 (Address) St. Louis, Mo.

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.....

Guy W Wilkenson

Licensed Embalmer No.

3575

P. O. Address.....

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.