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.

I X16605

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

16814
Do not use this space.

REC'D JUN 12 1939

1. PLACE OF DEATH

(a) County ..... 2 Registration District No. .....

(b) Township ..... 1 Primary Registration District No. ..... Registered No. 4348

(c) or City St. Louis. (d) Street No. 4254 Flora Blvd. 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 363 DR., Herman Lewis Nietert.

(a) Residence, No. 4254 Flora Blvd. St. 17 (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
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: Katherine Nietert.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 22nd 1866.

7. AGE: YEARS 73 | MONTHS 2 | DAYS 16 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Physician.
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): Illinois. 1

FATHER
13. NAME: Frederick Nietert. 6
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany. 6

MOTHER
15. MAIDEN NAME: Minna Schlueter.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany.

17. INFORMANT (ADDRESS): Louis H. Jostes, 4254 Flora Blvd.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sunset Burial Park DATE May 10 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Ziegenhein Bros 2621-23 Cherokee St.

20. FILED MAY 10 1939 19 J. F. Bredick Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 8, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 7, 1936, to May 8, 1939
I last saw him alive on May 6, 1936. Death is said to have occurred on the date stated above, at 9 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Parkinson's disease	1935

Other contributory causes of importance:

Bronchopneumonia	May 6, 1939

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) Leland B. Alford, M. D.
(Address) University Club Bldg.

(Licensed Embalmer's Statement on Reverse Side)

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 V E Morris

Licensed Embalmer No. 3360

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.