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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
REC'D AUG 11 1939

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 23747

Registration District No. 791 1003

Primary Registration District No.

Registrar's No. 6020

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 4228 Flora Blvd. 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri 1 (b) County

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 4228 Flora Blvd.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Nancy Susan Niemann 550

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Siggle

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased December 5, 1938
(Month) (Day) (Year)

8. AGE: Years 0 Months 7 Days 2 If less than one day hr. min.

9. Birthplace St. Louis, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation None 0

11. Industry or business None 0

FATHER
12. Name Thomas Niemann
13. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Nancy Hill
15. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Thomas J Niemann
(b) Address 4228 Flora Bl

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 8, 1939 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director W J Robert
(b) Address 1905 So. Grand Blvd.

19. (a) JUL 8 1939 (Date received local registrar) (b) J F Burdick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 7
year 1939 hour 4 A.M. minute M.

21. I hereby certify that I attended the deceased from 7-6-39, 19, to 7-7-39, 19;
that I last saw her alive on 7-6-39, 19;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bronchi-Pneumonia Primary	1da +
Due to	
Due to 107a	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations —	
Of autopsy —	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? — (Specify type of place)
While at work? — (e) Means of injury L

23. Signature J. J. Ryan M.D. (M. D. or other)
Address 2602 So Grand Date signed 7-7-39

(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 Wm J Robert, Registered Apprentice No. ..... working under my personal supervision.

Signed Wm J Robert

Licensed Embalmer No. 502

P. O. Address St Louis Mo

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

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