

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

27134
 Do not use this space.

REC'D AUG 19 1939

1. PLACE OF DEATH

(a) County Warren Registration District No. 881
 (b) Township Warrenton Primary Registration District No. 4534
 (c) City Warrenton (d) Street No. _____ 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

162 James Lee Nieburg

(a) Residence, No. _____ St. (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) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 8, 1939

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
 --- 5 . 18

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 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) St. Charles Missouri

FATHER 13. NAME John F. Nieburg

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Warrenton Missouri

MOTHER 15. MAIDEN NAME Doris W. Bohnemeyer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Decatur Illinois

17. INFORMANT (ADDRESS) John F. Nieburg Warrenton, Mo.

18. BURIAL ~~PREVIOUS RECORD~~ PLACE Warrenton, Mo. DATE July 28 39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) F.W. NIEBURG & SON Warrenton, Mo.

20. FILED July 28 1939 A. W. Ehling Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 26, 1939

22. I HEREBY CERTIFY That I attended deceased from Feb 8, 1939, to July 26, 1939.
 I last saw him alive on July 20, 1939. Death is said to have occurred on the date stated above, at 6:30 P.M.
 The principal cause of death and related causes of importance were as follows:

Cardiac defect - inter-ven-tricular septal deficiency
 Date of onset 2/8/39

Other contributory causes of importance: 157C

Name of operation none Date of _____
 What test confirmed diagnosis? none 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) Charles T. Garcia, M. D.
 (Address) Warrenton, 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.

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

Edwin G. Hopper

Licensed Embalmer No. 2971

P. O. Address 4700 Washington
St. Louis, Mo.

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.