DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31086

Registration District No. 1003 2701 SEP OCT 11 1939

Primary Registration District No.

Registrar's No. 8149

1. PLACE OF DEATH: 1003 2

(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:
2700 Eads
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community 54 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis 23
(If outside city or town limits, write "RURAL")

(d) Street No. 2700 Eades Ave.
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 19 year 1939 hour 6:30 minute A. M.

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

Immediate cause of death Coronary Sclerosis (Cor Bovis) Chronic Cortitis

Due to (Non Syphilitic)

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy See above

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

3. (a) PRINT FULL NAME Frank Niemeyer 560

3. (b) If veteran, name war World War

3. (c) Social Security No. 499-01-9078

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Minnie

6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased November (Month) 17, (Day) 1884 (Year)

8. AGE: Years 54 Months 10 Days 2 If less than one day hr. min.

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

10. Usual occupation Truck Driver

11. Industry or business Hyde Park Brewery

MOTHER FATHER

12. Name Unknown

13. Birthplace Unknown (City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Minnie Niemeyer

(b) Address 2700 Eads

17. (a) Burial (Burial, cremation, or removal) **(b) Date thereof** 9/22/39 (Month) (Day) (Year)

(c) Place: burial or cremation National Cemetery

18. (a) Signature of funeral director Wacker-Heldeke

(b) Address 8531 Broadway

19. (a) SEP 22 1939 (Date received local registrar) **(b)** J. Broadbeck (Registrar's signature)

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

23. Signature Alfred J. Perry (M. D. or other)

Address Deputy Coroner Date signed 9/22/39

(Licensed Embalmer's Statement on Reverse Side)

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.

USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 Robert Cwheeler, Registered Apprentice No. ..... working under my personal supervision.

Signed Robert Cwheeler

Licensed Embalmer No. 5128

P. O. Address St Landon

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.