DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6536

Registration District No. 297 Primary Registration District No. 3016 Registrar's No. 15

1. PLACE OF DEATH:

(a) County Franklin.

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

(c) Name of hospital or institution: St. Francis Hospital. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Ten days. (Specify whether

In this community Ten days. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Warren

(c) City or town Treloar. (If outside city or town limits, write "RURAL")

(d) Street No. x (If rural, give location)

(e) If foreign born, how long in U. S. A.? 73 yrs. years.

3. (a) PRINT FULL NAME 56 Fritz Niemeyer.

3. (b) If veteran, name war x

3. (c) Social Security No. x

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Caroline Niemeyer.

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

7. Birth date of deceased May (Month) 8th. (Day) 1853. (3) (Year)

8. AGE: Years 86 Months 8 Days 26 If less than one day hr. x min.

9. Birthplace Unknown. (City, town, or county) Germany. 6 (State or foreign country)

10. Usual occupation Farming.

11. Industry or business x

FATHER
12. Name John Niemeyer.
13. Birthplace Unknown. (City, town, or county) Germany. (State or foreign country)

MOTHER
14. Maiden name Justine Hansmeyer.
15. Birthplace Unknown. (City, town, or county) Germany. 6 (State or foreign country)

16. (a) Informant's own signature C. F. Niemeyer

(b) Address New Haven, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 7, 1940. (Month) (Day) (Year)

(c) Place: burial or cremation Smith Creek, Mo.

18. (a) Signature of funeral director NIEBURG & VITT, Inc. by L. H. Vitt

(b) Address Washington, Mo. 270

19. (a) Feb. 5-1940 (Date received local registrar) (b) H. A. May (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day fourth year 1940 hour 10 minute 05 A. M.

21. I hereby certify that I attended the deceased from Jan 24 1940, to Feb 4, 1940 that I last saw him alive on Feb 4, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Hypostatic Pneumonitis	5 days
Due to Fracture of neck Rt. femur	12 days
Due to a fall on ice	
Other conditions none (Include pregnancy within 3 months of death)	

Major findings: Of operations no operation

Of autopsy no 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) accident

(b) Date of occurrence Jan 24 1940

(c) Where did injury occur? Treloar (City or town) Warren (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? on the farm at home (Specify type of place)

While at work? no (e) Means of injury Fall on ice

23. Signature Herbert H Schmied (M. D. or other)

Address Marthasville, Mo Date signed 1-5-40

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

Rev. 5-17-39 1 X19511

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 me Lester H. Vitt, Registered Apprentice No. ....., working under my personal supervision.

Signed Lester H. Vitt

Licensed Embalmer No. 3254

P. O. Address Washington, 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.