DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8759

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 2242

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: Missouri Baptist Hosptial (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days (Specify whether years, months or days)

In this community 45 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouris (b) County St. Louis

(c) City or town University City (If outside city or town limits, write "RURAL") NR

(d) Street No. 7210 Colgate (If rural, give location)

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

3. (a) PRINT FULL NAME Kingsley Frederick Niemoeller

3. (b) If veteran, name war No

3. (c) Social Security No. 494-03-2978

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Lucille Niemoeller

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased January (Month) 12 (Day) 1874 (Year)

8. AGE: Years 66 Months 1 Days 24 If less than one day ..... hr. ..... min.

9. Birthplace Huntingberg (City, town, or county) Indiana (State or foreign country)

10. Usual occupation Retired Manager

11. Industry or business Retail Merchants of St. Louis

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

MOTHER
14. Maiden name Eva Knell
15. Birthplace Eva Indiana (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Ralph Niemoeller

(b) Address 27 Windermere Pl, St Louis, Mo

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 3-8-40 (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Crematory

18. (a) Signature of funeral director Alexanderssons.

(b) Address 6175 Delmar Blvd

19. (a) MAR 6 1940 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6th day March year 1940 hour 12 minute 30 A.M.

21. I hereby certify that I attended the deceased from Oct 2 1939 ....., 19..., to 3/6/40, 19...; that I last saw him alive on 3/6/40, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Bronchopneumonia	1 day
acute myocardial fulm	4 days
Due to caused by chr myocarditis	
Due to	
Other conditions Severe Hypertension (Include pregnancy within 3 months of death)	
Nephritis Chronic	

Major findings:
Of operations
Of autopsy 131

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

23. Signature N. L. Mistachkin (M. D. or other)

Address 1859 N Kingsbighway Date signed 3/8/40

(Licensed Embalmer's Statement on Reverse Side)

MARGIN RESERVED FOR BINDING

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.

50M-5-17-39
Rev. 5-17-39
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[illegible]

12 [illegible]

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 Jos. E. McCulloh

Licensed Embalmer No. 2460

P. O. Address 6170 Delmar

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.