

791

Registration District No. Primary Registration District No. Registrar's No.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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:
4403 South 38th St.
(If not in hospital or institution, write street number or location)

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

In this community 54 years
years, months or days

DEC 17 1940

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....

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

(d) Street No. 4403 S. 38th Street
(If rural, give location)

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

3. (a) PRINT FULL NAME Mrs. Lillie Niemeier

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

3. (c) Social Security No.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife George C. Niemeier

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased October 13th, 1886
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

54 1 9hr.min.

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

10. Usual occupation Household

11. Industry or business.....

MOTHER FATHER

12. Name Charles Paglusch

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

14. Maiden name Charlotte Bockstruck

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

16. (a) Informant Mr. George C. Niemeier

(b) Address 4403 S. 38th St.

17. (a) Burial (b) Date thereof Nov. 25, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director [Signature]
(Specify type of place)

(b) Address 1936 St. Louis Avenue
(e) Means of injury

19. (a) NOV 25 1940 (b) [Signature]
(Date received local registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 22nd
year 1940 hour 7 minute 00 A. M.

21. I hereby certify that I attended the deceased from
Dec. 24, 1938 to Nov. 22, 1940
that I last saw her alive on Nov. 22, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis Duration 1 hr

Due to.....

Due to.....

Other conditions Chronic myocarditis 2 yrs
(Include pregnancy within 3 months of death)

Major causes: Myocardial degeneration PHYSICIAN

Of operations.....

Of autopsy.....

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?

23. Signature [Signature] M. D. or other D.C.
Address 4712 Gravois Date signed 11.22.40

Dr. Karl L. Richart
4712 Gravois

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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

Harold Braun

Registered Apprentice No.

257

working under my personal supervision.

Signed

[Signature]

Licensed Embalmer No.

3737

P. O. Address

1936 St. Louis

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, fact should be so stated above.