

Registration District No. **7911**

Primary Registration District No. **1003**

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: **Christian Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **4 days**
(Specify whether years, months or days) **Birth**

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. **4443 Holly Ave**
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **28th**
year **1940** hour **12:55 AM** minute _____ M.
21. I hereby certify that I attended the deceased from **12-25-1940**
to **12-28-1940**
that I last saw ~~her~~ **alive** on **12-27-1940**
and that death occurred on the date and hour stated above.

Immediate cause of death
Cerebral Hemorrhage with right Hemiplegia
Due to **Hypertension**
Other conditions **General arteriosclerosis**
(Include pregnancy within 3 months of death)
Major findings:
Of operations _____
Of autopsy _____

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME **Elizabeth M. Niemoeller**
(b) If veteran, name war **None** (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widow**
6. (b) Name of husband or wife **Fred A. Niemoeller** 6. (c) Age of husband or wife if alive **Deceased** years
7. Birth date of deceased **August 26, 1864**
(Month) (Day) (Year)

8. AGE: Years **76** Months **4** Days **2** If less than one day hr. _____ min.

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

10. Usual occupation **At home**

11. Industry or business _____

12. Name **Theodore L. Wunderlich**
13. Birthplace **Germany**
(City, town, or county) (State or foreign country)
14. Maiden name **Elizabeth Rebolt**
15. Birthplace **Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant **Fred A. Niemoeller**
(b) Address **4443 Holly Ave**

17. (a) **Burial** (b) Date thereof **12/30/40**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Friedens Cemetery**

18. (a) Signature of funeral director **Math Hermann & Son**
(b) Address **2161 East Fair Ave**

19. (a) **DEC 29 1940** (b) **J. J. Bredeck**
(Date received local registrar) (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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature **Amid. Beverali** (M. D. or other) **M.D.**
Date **December 28-1940** Date signed _____

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

MOTHER FATHER

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 *Leonard Hampton*
Licensed Embalmer No. 2967
P. O. Address *H. Davis, 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, fact should be so stated above.