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FILED APR 21 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8791

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 2201

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

1. PLACE OF DEATH:

(a) County

(b) City or town: S t. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 5830 Clemens Ave.
(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 over 64 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 617
(If outside city or town limits, write "RURAL")

(d) Street No. 5830 Clemens Ave. 9
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ——— 0 years.

3. (a) PRINT FULL NAME HENRY VICTOR NIEMEYER

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

3. (c) Social Security No. ——

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Martha Hunter

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

7. Birth date of deceased February (Month) 24 (Day) 1845 (Year)

8. AGE: Years	Months	Days	If less than one day
96	0	13	hr. min.

9. Birthplace Portsmouth (City, town, or county) / Virginia (State or foreign country)

10. Usual occupation retired

11. Industry or business cotton broker

MOTHER FATHER

12. Name Wm. Angus Niemeyer

13. Birthplace Norfolk (City, town, or county) / Virginia (State or foreign country)

14. Maiden name Sarah Howard Handler

15. Birthplace Norfolk (City, town, or county) / Virginia (State or foreign country)

16. (a) Informant Frederic J. Niemeyer

(b) Address 5830 Clemens

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 3/10/41 (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine

18. (a) Signature of funeral director Alexander Sons

(b) Address 6175 Delmar Blvd.

19. (a) MAR 10 1941 (Date received local registrar) (b) J. M. Burdick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 7 year 1941 hour 5:30 minute P. M.

21. I hereby certify that I attended the deceased from 1932, 19..., to Mar 7, 1941, 1941; that I last saw him alive on Mar 7, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cardiac failure	3 yrs
Due to Hypertension heart disease myocardial degeneration	10 yrs
Due to Asthma	30 yrs
Other conditions (Include pregnancy within 3 months of death) 93d	
Major findings: Of operations	
Of autopsy 93C	

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 J. B. Barnes (M. D. or other)

Address 5727 Delmar Date signed 3-8-41

(Licensed Embalmer's Statement on Reverse Side)

Robert Bassett
5427 Delmar
No: 0392,

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. McCullah

Licensed Embalmer No. 2460

P. O. Address 6175 Delmar

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.