

No. 2
-13-40
-17-39
X23159

APR 21 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **9159**
Registrar's No. **2569**

Registration District No. **791** Primary Registration District No. **1003**

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:
4336 DeSota Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community.....
years, months or days)

3. (a) PRINT FULL NAME **Louis J. Neiner.**
3. (b) If veteran, name war **No.** 3. (c) Social Security No. **492-10-0700**

4. Sex **Male.** 5. Color or race **White.** 6. (a) Single, widowed, married, divorced **Widowed.**
6. (b) Name of husband or wife **Late Emily Neiner.** 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased **December 10 1885.**
(Month) (Day) (Year)

8. AGE: Years **55** Months **3** Days **11** If less than one day
.....hr.min.

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

10. Usual occupation **Foreman.**

11. Industry or business **Kregell Casket co.**

MOTHER FATHER { 12. Name **Michael Neiner.**

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

14. Maiden name **May Wield.**

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

16. (a) Informant **Oscar Neiner.**
(b) Address **4336 DeSota Ave.**

17. (a) **Burial** (b) Date thereof **3-24-41.**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary cem.**
18. (a) Signature of funeral director **Hy. Leidner Und. Co.**
(b) Address **2223 St. Louis Ave.**

19. (a) **MAP 2-2 1941** (b) **J. W. Bredek**
(Official Seal) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri.** (b) County **0009**
(c) City or town **St. Louis.** **17**
(If outside city or town limits, write "RURAL")
(d) Street No. **4336 DeSota Ave.** **9**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? **0** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **21** year **1941** hour **12** minute **15 A.** M.
21. I hereby certify that I attended the deceased from **March 15** 19**41** to **April 21** 19**41**; that I last saw him alive on **3-30** 19**41**; and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary occlusion**

Due to.....
Due to.....

Other conditions (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.

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 **J. E. Harris** (M. D. or other) **039**
Address **4005 W. F. ...** Date signed **3-24-41**

Harry Morris
4005 W. Filmaria Mo. 1250
11-1 P.M.

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 Homer L. Ponder

Licensed Embalmer No. 3367

P. O. Address 2223 St. Louis ave.

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.