

FILED AUG 28 1941

Registration District No. 791

Primary Registration District No. _____

Registrar's No. _____

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: Parkview Park
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether
In this community Birth 3 years, months or days)

3. (a) PRINT FULL NAME Edward L. Niemann

3. (b) If veteran, name war None 3. (c) Social Security No. 493-03-2966

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary L. Niemann nee Kolkmann 6. (c) Age of husband or wife if alive 34 years
7. Birth date of deceased February 1, 1904
(Month) (Day) (Year)

8. AGE: Years 37 Months 5 Days 26 If less than one day _____ hr. _____ min.

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

10. Usual occupation City Meat Inspector

11. Industry or business _____

MOTHER FATHER { 12. Name Henry Niemann
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Louise Spaeth
15. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Mary L. Niemann

(b) Address 3935 Garfield Ave

17. (a) Burial (b) Date thereof 7/30/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director. Math Hermann & Son

(b) Address 2161 East Fair Ave

19. (a) JUL 29 1941 (b) [Signature]
(Date received local registrar) (Registrar's signature)

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. 3935 Garfield Ave
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 27th
year 1941 hour 8:45 PM minute _____ M.

21. I hereby certify that I attended the deceased from July 22 to July 27, 1941
that I last saw him alive on July 27, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Ch. Myocarditis
Due to Ch. Myocarditis

Due to Hypertension
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____
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 [Signature] (M. D. or other) _____
address [Address] Date signed 7-29-41

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

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 *Lorain Hampton*
Licensed Embalmer No. *2967*
P. O. Address *St. Louis, 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.