No. 2
-13-40
17-39
X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILLED NOV 24 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 33075

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 8029

1. PLACE OF DEATH:

(a) County St. Louis, Mo.

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

(c) Name of hospital or institution: City Sanitarium
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 21yrs.7mos.23dys. (Specify whether
In this community About 51 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

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

(d) Street No. 812 No. Prairie
(If rural, give location)

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

3. (a) PRINT FULL NAME Louis Niekum

3. (b) If veteran, name war - 3. (c) Social Security No. -

4. Sex Male 0 5. Color or race white 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Emma Niekum nee Metz 6. (c) Age of husband or wife if alive Deceased years

7. Birth date of deceased May 12, 1883 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
58	4	23	hr. min.

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

10. Usual occupation Bartender

11. Industry or business

FATHER
12. Name Jacob Niekum
13. Birthplace Unknown (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Barbara Wambsy
15. Birthplace Unknown (City, town, or county) Germany (State or foreign country)

16. (a) Informant L. Deggendorf
(b) Address 5300 Arsenal

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/8/41 (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) OCT 8 1941 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 5 year 1941 hour 4:55 minute P. M.

21. I hereby certify that I attended the deceased from 7-1-39, 19..., to 10-5-41, 19...; that I last saw him alive on 10-5-41, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis 9-15-41x

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Yes.

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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature Paul T. Hartman (M. D. or other)
Address 5300 Arsenal Date signed 10-6-41

(Licensed Embalmer's Statement on Reverse Side)

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.....

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 wit the above constitutes grounds for revocation of license.)

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