S. No. 2
M—9-4-41
V. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 13 1942

Registration District No. 791

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 12930

Primary Registration District No. 1000

Registrar's No. 3895

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 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day (Specify whether years, months or days)
In this community Birth

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 600
(c) City or town St. Louis 1017
(If outside city or town limits, write "RURAL")
(d) Street No. 4127 W. Kossuth Avenue 9
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Lilly Niemeyer
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife William H. Niemeyer
6. (c) Age of husband or wife if alive years
7. Birth date of deceased August 10, 1882 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
59	8	19	hr. min.

9. Birthplace St. Louis, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation At home
11. Industry or business
FATHER 12. Name Henry Waechter
13. Birthplace St. Louis, Missouri (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Julia Homan
15. Birthplace St. Louis, Missouri (City, town, or county) (State or foreign country)
16. (a) Informant William H. Niemeyer
(b) Address 4127 W. Kossuth Avenue
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 2, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation St. Peters Cemetery
18. (a) Signature of funeral director Math Hermann & Son
(b) Address 2161 East Fair Ave
19. (a) MAY 1 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 29, year 1942 hour 5:18 PM minute M.
21. I hereby certify that I attended the deceased from April 15, 1942 to April 29, 1942 that I last saw he alive on April 29, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Adeno-Carcinoma of Sigmoid — Duration Unknown
Due to
Due to
Other conditions Metastasis to Liver, Pancreas, Spleen
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Adeno-Carcinoma of Sigmoid

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 0
23. Signature R. J. Phillips (M. D.)
Address 5825 N. 20th St. Date signed 5-1-42

844 (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 Francis A. Williamson

Licensed Embalmer No. 3565

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.