

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
(c) Name of hospital or institution: Alexian Brothers Hospital
(d) Length of stay: In hospital or institution
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 1717
(c) City or town St. Louis
(d) Street No. 2910 Victor Street
(e) Citizen of foreign country? (Yes or No)

3. (a) PRINT FULL NAME John C. Niemann

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Clara Jud 6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased February 3, 1873

8. AGE: Years 69 Months 4 Days 13 If less than one day hr. min.

9. Birthplace St. Louis, Missouri
Retired Taylor

10. Usual occupation

11. Industry or business

12. Name August Philip Niemann

13. Birthplace Germany

14. Maiden name Clara Ann Schmitz

15. Birthplace Germany

16. (a) Informant Cecelia Niemann

(b) Address 2910 Victor Street

17. (a) Burial (b) Date thereof 6/19/42

(c) Place: burial or cremation NEWSS. Peter & Paul

18. (a) Signature of funeral director John H. Hatten Sons & Co.

(b) Address 2630 Gravois Av.

19. (a) JUN 17 1942 (Date received local registrar) J. F. Medlock (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 16 year 1942 hour 1:35 minute P. M.

21. I hereby certify that I attended the deceased from way 1942 to June 16 1942
that I last saw him alive on June 16 and that death occurred on the date and hour stated above.

Immediate cause of death: Apoplexy

Due to: Cerebral embolism

Due to: 82 W

Other conditions: 82 W

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?
(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 R. Berg (M. D. or other) Address 2257 W. 17th Date signed 6/17/42

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.....

Robert J. Gebken

Licensed Embalmer No.....

4144

P. O. Address.....

2630 G. Davis

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.