

FILED NOV 16 1942

318

1003

Registration District No.

Primary Registration District No.

Registrar's No.

9290

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:
4977 Davison 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)

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. 4977 Davison
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Mary Eliz Niermann

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 5
year 1942 hour 5:55 minute A M.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife William Niermann 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased January 28 1858
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Oct 10th 1942 to Nov 5th 1942
that I last saw her alive on Nov 4th 1942
and that death occurred on the date and hour stated above.

8. AGE: Years 84 Months 9 Days 7 If less than one day hr. min.

Immediate cause of death: apoplexy Duration one week

Due to general hypertension Do not know

9. Birthplace New Melle Missouri
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) 83

10. Usual occupation At Home

11. Industry or business

Major findings: 83

Of operations: 83

Of autopsy: 83

PHYSICIAN: _____
Underline the cause to which death should be charged statistically.

12. Name Fred Moellering

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

14. Maiden name Unknown Hellmich

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

16. (a) Informant Mrs. M. Taylor

(b) Address 4977 Davison

17. (a) Burial (b) Date thereof 11-9 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Bethlehem Cemetery

18. (a) Signature of funeral director Reiderwieden Funeral Home, Inc.

(b) Address 1936 St. Louis Ave

19. (a) NOV 7 1942 (b) J. F. Brudeck
(Date received local registrar's certificate) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(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 R. R. Niermann (M. D. or other) M. D.
Address 5330 Geraldine Date signed 11/5/42

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

5230 Guadalupe

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. 3737

P. O. Address..... 1936 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.