

FILED NOV 20 1943

Registration District No. 318

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution St. Louis City Hospital
Max C. Starkloff Memorial
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11 Days
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Peter Niewoehner

3. (b) If veteran, name war No 3. (c) Social Security No. none

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

6. (b) Name of husband or wife Lucille Marchi 6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased September 28 1885
(Month) (Day) (Year)

8. AGE: Years 58 Months 1 Days 14 If less than one day
hr. _____ min.

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

10. Usual occupation Nil

11. Industry or business _____

MOTHER FATHER { 12. Name Peter Niewoehner 13. Birthplace Germany 4

14. Maiden name Wilhelmina Fresse

15. Birthplace Germany 4

16. (a) Informant Mr. George Niewoehner, brother

(b) Address 7801 Pennsylvania Avenue.

17. (a) burial (b) Date thereof 11-15-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old St. Peter & Paul Cemetery

18. (a) Signature of funeral director C. Hoffmeister U. & L. Co.
7814 South Broadway, St. Louis, Mo.
NOV 13 1943
(b) Address

19. (a) J. J. Budeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 8325A Reilly
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 11,
year 1943 hour 11:58 minute A. M.

21. I hereby certify that I attended the deceased from November 1, 1943 to November 11, 1943
that I last saw him alive on November 11, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cirrhosis of the liver

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

Major findings: Of operations _____
Of autopsy Cirrhosis of the liver

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? _____

23. Signature Franz U. Jankovics (M. D. or other) 11/12/43
Address 1515 Lafayette Avenue Date signed _____
(Specify type of place) (2) Means of injury _____

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.....

Paul A. Shanklin....., Registered Apprentice No.....
working under my personal supervision.

Signed *Paul A. Shanklin*

Licensed Embalmer No. *3472*

P. O. Address *7814 So. Graceland*

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.