

X26390

FILED DEC 11 1943

Registration District No. 210

Primary Registration District No. 3058

Registrar's No. 189

1. PLACE OF DEATH:

(a) County St. Charles
 (b) City or town St. Charles
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
616 - 1 South Eighth
(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 St. Charles
 (c) City or town St. Charles
(If outside city or town limits, write "RURAL.")
 (d) Street No. 616 South Eighth
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country 0

3. (a) PRINT FULL NAME

Joseph Niggemietz

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 Single

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

7. Birth date of deceased September 19 1903
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
30 1 14 hr. min.

9. Birthplace St. Charles Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Farming & Shoe Making

11. Industry or business.....

MOTHER FATHER
 { 12. Name Peter Niggemietz
 { 13. Birthplace Malsau Germany
(City, town, or county) (State or foreign country)
 { 14. Maiden name Philomena Drappel
 { 15. Birthplace St. Charles Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Steve Grace
 (b) Address 728 Houston, St. Charles

17. (a) Burial (b) Date thereof Nov. 6 - 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peter's Cem. St. Charles, Mo.

18. (a) Signature of funeral director H.C. Dallenberger

(b) Address 901 N. Second St. Charles, Mo.

19. (a) 11-4-1943 (b) Emst G. Paul
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 3
 year 1943 hour..... minute..... M.

21. I hereby certify that I attended the deceased from.....
Coroners Viewing of Body
 that I last saw h..... alive on..... 19.....
 and that death occurred on the date and hour stated above

Immediate cause of death.....

Coronary occlusion

Due to.....

Gen. Arterio sclerosis

Due to.....

Other conditions no
(Include pregnancy within 3 months of death)

Major findings: no
 Of operations.....

Of autopsy no

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?

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

23. Signature Dr. P. Erich Schuch (M. D. or other)
 Address St. Charles, Mo. Date signed 11/5/43

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

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 *John E. Hallmeyer*.....

Licensed Embalmer No. *2951*.....

P. O. Address *St Charles 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.