

FILED DEC 22 1943

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 10942

1. PLACE OF DEATH:

(a) County.....
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3641 Bates St., /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community Life. (Specify whether 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. 3641 Bates St., (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME ELIZABETH-NEBEL

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

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

6. (b) Name of husband or wife Herman 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased July 23rd, 1873.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
70 4 15 hr. min.

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

10. Usual occupation At home

11. Industry or business.....

12. Name Henry Niemeyer

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

14. Maiden name Not known

15. Birthplace Not known
(City, town, or county) (State or foreign country)

16. (a) Informant Herman Nebel

(b) Address 3641 Bates St.,

17. (a) Entombment (b) Date thereof 12/10/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Hope Mausoleum

18. (a) Signature of funeral director J. J. Ziegenhain

(b) Address 7027 Gravois Ave.,

19. (a) DEC 11 1943 (b) J. F. Bruback
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 8
year 1943 hour 1 minute 9 M.

21. I hereby certify that I attended the deceased from Jan 1, 1943 to Dec 8, 1943
that I last saw him alive on Dec 7, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death.....

Cancer of Lung Duration 6-1-43

Due to.....

Cancer of breast have 50 1-1-42

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

Major findings: cancer of breast

Of operations.....

Of autopsy..... have

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?

(e) Means of injury.....
(Specify type of place)

23. Signature Herman Nebel (M. D. or other) MD

Address 3218 S Grand Date signed 12-16-43

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

MOTHER FATHER

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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..... *B. P. Kidwell*.....

Licensed Embalmer No. *3877*.....

P. O. Address..... *7027 Travis*.....

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.