

S. No. 2
FORM--2-43
5-17-39
PI X3867

20832

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED DEC 29 1943 318

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 11112

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:
St. Anthony Hospital
(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)

3. (a) PRINT FULL NAME Chritine Niemeyer

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married. 2 divorced Widowed

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

7. Birth date of deceased August 23 1867
(Month) (Day) (Year)

8. AGE: Years 76 Months 3 28 18 If less than one day _____ hr. _____ min.

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

10. Usual occupation House Work

11. Industry or business _____

12. Name Joseph Rosenmeyer

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

14. Maiden name Wilhelmina Block

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

16. (a) Informant Anton Niemeyer

(b) Address 2031 Russel Blvd.

17. (a) Burial (b) Date thereof Dec. 16, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director John Kubben Sons
(b) Address 2630 Gravois Ave.

19. (a) DEC 14 1943 (b) J. J. Brudeck
(Date received local health officer's report) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2031 Russel Blvd.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 13
year 1943 hour 10,30 minute A M.

21. I hereby certify that I attended the deceased from Oct 13 1943
23 to Dec 13 1943
that I last saw him alive on Dec 13 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cardio. Vascular
Renal. Degenerative 1/2
Due to Alcohol

Due to _____

Other conditions 1/21
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

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) Means of Injury _____

23. Signature John P. Brudeck (M. D. or other) _____
Address Union Club Bldg Date signed 12/14/43

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

MOTHER FATHER

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 T. Gebken*

Licensed Embalmer No..... *4114*

P. O. Address..... *2630 Gravois 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.