

Registration District No. _____ Primary Registration District No. _____

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:
5418a Virginia 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

3. (a) PRINT FULL NAME Joseph Niemeyer,

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

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

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

7. Birth date of deceased February 27, 1859
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
84 11 23 hr. _____ min.

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

10. Usual occupation Bricklayer,

11. Industry or business _____

MOTHER FATHER

12. Name Dont Know,

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

14. Maiden name Dont Know,

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

16. (a) Informant Bernard F. Niemeyer,

(b) Address 3803 Keokuk St.,

17. (a) Burial, (b) Date thereof 2/23/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New SS. Peter & Paul

18. (a) Signature of funeral director Arthur J. Bens, Mortuary
2842 Maramec St.,

(b) Address _____

19. (a) FEB 22 1944 (b) _____
(Date received local registrar) (Registrar's signature)

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. 5418a Virginia Ave.,
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 20
year 1944 hour 8: minute 05 A.M.

21. I hereby certify that I attended the deceased from January 31, 1944, to February 19, 1944
that I last saw h. alive on February 19, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Degenerative Myocarditis Duration 6 months

Due to Senility

Due to _____

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

Major findings: Of operations _____

Of autopsy No.

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? Cem.

While at work? _____ (Specify type of place) Means of injury 0

23. Signature A. A. Heater (M. D. or other) _____
Address 439 Bates St. Date signed 2-21-44

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.....me.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....
Joe S Benz
Licensed Embalmer No. 4249
2842 Meramec St
P. O. Address.....St. Louis, 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.