

FILED MAY 20 1944
Registration District No. _____

Primary Registration District No. 3063

Registrar's No. 1126

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town _____
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
6344 Southwood, Clayton
(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. Louis
(c) City or town Clayton
(If outside city or town limits, write "RURAL")
(d) Street No. 6344 Southwood
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Sam Nieman

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

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 unk.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
ab. 61 hr. min.

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

10. Usual occupation merchant

11. Industry or business retail hardware

MOTHER FATHER { 12. Name Louis Nieman
13. Birthplace Unknown Poland
(City, town, or county) (State or foreign country)
14. Maiden name Hattie Nudelman
15. Birthplace Unknown Poland
(City, town, or county) (State or foreign country)

16. (a) Informant M. Nieman
(b) Address 4809 Fountain

17. (a) Burial (b) Date thereof 5/18/1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chesed Shel Emeth

18. (a) Signature of funeral director Berger Memorial

(b) Address 4315 McPherson

19. (a) MAY 18 1944 (b) E. S. McEwan, M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month May day 16
year 1944 hour _____ minute 10 P. M.
21. I hereby certify that I attended the deceased from several
years 19 _____ to 19 _____
that I last saw him alive on May 15 19 44
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis
Duration _____

Due to _____

Due to _____

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

Major findings: Of operations gels

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) (e) Means of injury _____

23. Signature Louise Wevermann (M. D. or other) _____

Address No. Fleeter Bldg Date signed 5-16-44

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

Signed.....



Licensed Embalmer No.....

1597

P. O. Address.....

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.