

FILED MAR 9 1945 318

1003

1854

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:
3218a Oregon Ave.,
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community
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. 3218a Oregon Ave.,
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Fred Niemeier,

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 Marianna 6. (c) Age of husband or wife if alive 26, years 1863
7. Birth date of deceased August (Month) 26, (Day) 1863 (Year)

8. AGE: Years Months Days If less than one day
81 5 27 hr. min.

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

10. Usual occupation Clerk,
11. Industry or business Retired 12 Years,

MOTHER FATHER
12. Name Don't Know,
13. Birthplace Don't Know, 9
(City, town, or county) (State or foreign country)
14. Maiden name Don't Know,
15. Birthplace Don't Know, 9
(City, town, or county) (State or foreign country)

16. (a) Informant Charles Niemeier,
(b) Address 3218a Oregon Ave.,
17. (a) Burial, (b) Date thereof 2/26/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Trinity Luth. Cem.
18. (a) Signature of funeral director Cebken-Benz Mortuary,
(b) Address 2842 Meramec St.,

19. (a) FEB 26 1945 (Date received local registrar) J. J. Brudeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 23rd.
year 1945 hour 7: minute 15 P. M.

21. I hereby certify that I attended the deceased from Dec, 1944, to Feb 23, 1945
that I last saw him alive on Feb 23, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis
Due to Senility

Other conditions 9/8
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings:
Of operations
Of autopsy
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?

(Specify type of place)
While at work? (a) Means of injury
23. Signature Robt. O. Weber (M. D. or other)
Address 3665 S. Broadway Date signed 2-24-45

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 *Warren A. Carve*

Licensed Embalmer No. *3534*

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.