

FILED MAY 27 1946

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 4310

1. PLACE OF DEATH:

(a) County St. Louis, Missouri  
(b) City or town St. Louis, Missouri  
(c) Name of hospital or institution St. John's Hospital  
(d) Length of stay: In hospital or institution  
In this community

3. (a) PRINT FULL NAME Maude Niemeyer

3. (b) If veteran, name war None 3. (c) Social Security No. None

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

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

7. Birth date of deceased August 14, 1885 (Month) (Day) (Year)

8. AGE: Years 60 Months 8 Days 28 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name Edward Maloney

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

14. Maiden name Margaret Parker

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

16. (a) Informant Mr. Ollie Niemeyer

(b) Address 3630 Neosho

17. (a) Burial (b) Date thereof 5-15-46 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Southern Funeral Home

(b) Address 6322 S. Grand Blvd.

19. (a) MAY 13 1946 J. F. Bredak (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County  
(c) City or town St. Louis, Missouri  
(d) Street No. 3630 Neosho  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May 12th 1946 7:00 a.m. year hour minute M.

21. I hereby certify that I attended the deceased from March 12, 1946, to May 11, 1946, that I last saw her alive on May 11, 1946, and that death occurred on the date and hour stated above.

Immediate cause of death. Cancer of head of Pancreas

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Cancer of Pancreas

Of autopsy

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 J. G. Grant (M. D. or other)

Address 1554 S. Boling Date signed 5/13/46

DR. JOS. A. GRANETO  
1 to 3  
53-81 S. BRDY

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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.....

*J. Wm. Bantley*  
.....  
Licensed Embalmer No. .... 8653

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.**