

S. No. 2
M-5443
v. 5-17-39
I X36571

FILED JUN 20 1946
Registration District No. **318**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Alexian Bros. 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

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. 2115 Allen Avenue
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME JULIUS NIEMAN

3. (b) If veteran, name war _____

3. (c) Social Security No. 494-05-4871

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Katherine Nieman

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased April 12-1876
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>70</u>	<u>1</u>	<u>27</u>	hr. _____ min.

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

10. Usual occupation Tailor

11. Industry or business _____

12. Name August Nieman

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

14. Maiden name Unknown

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

16. (a) Informant Katherine Nieman

(b) Address 2115 Allen Avenue

17. (a) Burial (b) Date thereof 6-12-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director John L. Myrdall

(b) Address 1926 Allen Avenue

19. (a) JUN 11 1946 (Date received local registrar)

J. F. Bredenk (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 9th
year 1946 hour 10 minute 50 A. M.

21. I hereby certify that I attended the deceased from 5-14-43
19____ to 6-9-46 19____

that I last saw him alive on 6-9-46 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis of Japan
1956

Due to Obstruction from adhesions
Obstruction from adhesions

Other conditions operation to relieve
obstruction 6-4-46 - Alex. Bros Hosp

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN
John L. Myrdall
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 L. Myrdall (M. D. or other) M.D.
2840 California Date signed 6-10-46

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..... *Benj. L. Duncan*

Licensed Embalmer No..... 2272

P. O. Address..... 1926 Allen Avenue

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.