S. No. 2
M—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED APR 5 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10997

Registration District No. 317

Primary Registration District No. 3067

Registrar's No. 776

96
12
1

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Ladue
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 9104 Clayton Rd. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 74 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis 96
(c) City or town Ladue 12
(If outside city or town limits, write "RURAL")
(d) Street No. 9104 Clayton Rd. 1
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Joseph G. Neier
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Annie H.
6. (c) Age of husband or wife if alive 74 years
7. Birth date of deceased April (Month) 17 (Day) 1873 (Year)

8. AGE: Years 74 | Months 11 | Days 6 | If less than one day ... hr. ... min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Retired
11. Industry or business
FATHER
12. Name Justus Neier
13. Birthplace (City, town, or county) Switzerland (State or foreign country) 5
MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) Unknown (State or foreign country) 9
16. (a) Informant Annie H. Neier
(b) Address 9104 Clayton Rd. Ladue
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-26-48 (Month) (Day) (Year)
(c) Place: burial or cremation St. Peters Cemetery
18. (a) Signature of funeral director Louis H. Bopp, Inc.
(b) Address 131 W. Argonne Dr., Kirkwood
19. (a) 3-25-48 (Date received local registrar) (b) Carl A. Shaw MD (Registrar's signature) RSA

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 23
year 1948 hour 9 minute 55 A.M.

21. I hereby certify that I attended the deceased from 1941 19..., to March 23, 1948
that I last saw him alive on March 23, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Myocarditis with Myocardial failure	1 year
Due to: Arterial Hypertension	10 yrs.
Due to: 93	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause of 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? (e) Means of injury 2

23. Signature Roberth Meadows (M. D. or other) DO
Address 2 So. Central, Clayton Mo Date signed 3/24/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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: Peter B. Dubrouillet

Licensed Embalmer, No. 3691

P. O. Address: Richmond Heights, 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.