S. No. 2
DM—5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 30 1948

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 14934

Registration District No. 377

Primary Registration District No. 3064

Registrar's No. 959

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

1. PLACE OF DEATH:

(a) County St Louis

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

(c) Name of hospital or institution: 6144 Bermuda
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 15 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St Louis 96

(c) City or town Overland 13
(If outside city or town limits, write "RURAL")

(d) Street No. 8720 Argyle
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Elizabeth Niemeyer

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex F 1

5. Color or race W

6. (a) Single, widowed, married, divorced W 2

6. (b) Name of husband or wife Otto Niemeyer

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

7. Birth date of deceased Aug 30 1880
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
67	7	13	hr. min.

9. Birthplace ..... (City, town, or county) Mo 0 (State or foreign country)

10. Usual occupation House wife

11. Industry or business own home

FATHER
12. Name NASSAL
13. Birthplace do not know (City, town, or county) (State or foreign country) 9

MOTHER
14. Maiden name do not know
15. Birthplace do not know (City, town, or county) (State or foreign country) 9

16. (a) Informant Carl Niemeyer
(b) Address 8720 Argyle

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-16-48 (Month) (Day) (Year)
(c) Place: burial or cremation S S Peter + Paul Cem

18. (a) Signature of funeral director Ortmann Funeral Home
(b) Address 9222 Lackland Overland Mo

19. (a) 4-14-48 (Date received local registrar) (b) Earl A. J. Sharp MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 13
year 1948 hour 8:20 minute 0 A.M.

21. I hereby certify that I attended the deceased from 1-7-48, 19.., to 4-12, 1948
that I last saw her alive on 4-12-48, 19..;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral hemorrhage	2 mo
Due to: Hypertension & arteriosclerosis	2
Due to: 93 d	
Other conditions: Obs Myocarditis (Include pregnancy within 3 months of death)	2

Major findings:
Of operations
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature [signature] (M. D. or other)
Address 7210 National Bridge Date signed 4-13-48

(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.....Al C Ostmann.....

Licensed Embalmer No. 3478

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.