

No. 2
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X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 31 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **24946**
Registrar's No. **17720**

Registration District No. **317**

Primary Registration District No. **2002**

1. PLACE OF DEATH:

(a) County **St. Louis**

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

(c) Name of hospital or institution:
Residence; 7351 Cornell Ave., /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community _____
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **ADELLA BADER M. NIEMEYER.**

3. (b) If veteran, name war **no**

3. (c) Social Security No. **no**

4. Sex **Female'**

5. Color or race **White**

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

6. (b) Name of husband or wife **Albert F. Niemeyer.**

6. (c) Age of husband or wife if alive **69** years

7. Birth date of deceased **Sept. 12 1881**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
66	10	5	hr. _____ min. _____

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

10. Usual occupation **at home**

11. Industry or business _____

12. Name **Robert Bader.**

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

14. Maiden name **Anna Reinhardt.**

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

16. (a) Informant **Mr. Alfred F. Niemeyer.**

(b) Address **7351 Cornell Ave.,**

17. (a) **Burial** (b) Date thereof: **7-20-1948**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Oak Grove Cemetery. C.R. Lupton & Sons.**

18. (a) Signature of funeral director _____

(b) Address **7233 D Iner Blvd.**

19. (a) **7-20-48** (b) *[Signature]*
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis, 96**

(c) City or town **University City 3**
(If outside city or town limits, write "RURAL.")

(d) Street No. **7351 Cornell Ave., 5-**
(If rural, give location)

(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **17** year **1948** hour **12:35** minute **48**

21. I hereby certify that I attended the deceased from **July 17** to **Oct 19 1947**

that I last saw her alive on **July 17** 19 **48**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cancer of Liver** Duration **Oct 19 1947**

Due to **46 hr**

Due to _____

Other conditions **Cerebral Hemorrhage July 1948**
(Include pregnancy within 3 months of death)

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? _____

While at work? _____ (Specify type of place)

(a) Means of injury _____

23. Signature *[Signature]* (M. D. or other) _____

Address **6677 Delmar Blvd.** Date signed **July 17, 1948**

6677
DC 2677
H. E. Bellin

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 Clarence H. Murray
Licensed Embalmer No. 4011
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.