

JUN 29 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Saint Louis Registration District No. 1123 File No. 21367
Township Carondelet Primary Registration District No. 6248B Registered No. 224
City Jefferson Barracks (No. Veterans Facility Administration) (Ward)

2. FULL NAME Joseph F. NIERMANN

(a) Residence, No. Unkn. St. Genevieve, Mo. Ward. Genevieve, Mo.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Mrs. Flora Niermann (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 28, 1880

7. AGE YEARS MONTHS DAYS IF LESS THAN 1 day, hrs. min.
56 6 19 or 2 yrs.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mail Carrier

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Post Office

10. Date deceased last worked at this occupation (month and year) 1 month ago 11. Total time (years) spent in this occupation 2 yrs.

12. BIRTHPLACE (CITY OR TOWN) Saarn (STATE OR COUNTRY) Germany

13. NAME Joseph B. Niermann

14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Unknown

15. MAIDEN NAME Veronica Winkes

16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Germany

17. INFORMANT Clinical Clerk M. Schellig (ADDRESS) VAF Jefferson Barracks, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Genevieve, Mo. May 29 1937

19. UNDERTAKER C. Hoffmeister U. & L. Co. (ADDRESS) 7814 S. Broadway

20. FILED May 26 1937 J. Mowery Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 27 1937

22. I HEREBY CERTIFY, That I attended deceased from May 13, 1937, to May 27, 1937

I last saw him alive on May 27, 1937. Death is said to have occurred on the date stated above, at 2:55 P.m.

The principal cause of death and related causes of importance were as follows:

Cirrhosis of liver

Date of onset Unkn.

Other contributory causes of importance:

Chronic Myocarditis with congestive type of cardiac failure.

Unkn.

Name of operation None Date of Autopsy findings
What test confirmed diagnosis? Was there an autopsy? YES.

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? None Date of injury None, 1937

Where did injury occur? None (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? None

If so, specify None
(Signed) C. W. HUGHES, Chief Med. Officer M. D.

(Address) VAF Jefferson Barracks, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

