JAN 10 1938

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

42976

Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. 791

(b) Township ..... Primary Registration District No. 1003 Registered No. 11226

(c) City St. Louis (d) Street No. Luthern Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Julius W. Nieburg

(a) Residence, No. 410 S. Kirkwood, Rd. St. NR Kirkwood, Mo.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ida E. Nieburg

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 11, 1880

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	57	7	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as saw mill, bank, etc. 2

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington Mol 1

FATHER

13. NAME Charles Nieburg

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Germany 10

MOTHER

15. MAIDEN NAME Emma Thormann

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unknown 2

17. INFORMANT (ADDRESS) Ida E? Nieburg 410 S. Kirkwood, Rd.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Park Hill Cemetery DATE Dec. 6. 1937

19. FUNERAL DIRECTOR (ADDRESS) Jay B. Smith Funeral Home 7456 Manchester Ave. Maplewood, Mo.

20. FILED DEC 6 1937 J. F. Bredeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 3, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 30, 1937, to Dec. 3, 1937
I last saw him alive on Dec. 3, 1937. Death is said to have occurred on the date stated above, at 9:20 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculous Pheumonia	1 wk.

Other contributory causes of importance:
Chronic Myocarditis

Name of operation -- Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? -- Date of injury ....., 19....
Where did injury occur? -- (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) Theo H. Hansen, M. D.
(Address) 3651 Grandel Square

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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STATEMENT BY LICENSED EMBALMER

I, J. W. Denniston, Licensed Embalmer No. 3777

hereby certify that the body recorded on the reverse side of this certificate was embalmed by J W Denniston

L. E.

No. 3777 or by, Registered Apprentice No.

working under my personal supervision.

Signed J. W. Denniston

Licensed Embalmer No. 3777

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.)