

REC'D APR 12 1939

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

8390

Do not use this space.

2155

## 1. PLACE OF DEATH

(a) County..... / Registration District No.....  
(b) Township..... / Primary Registration District No.....  
(c) City St. Louis / (d) Street No. Lutheran 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 560 Amelia Niemeier

(a) Residence, No. 3837 Fillmore St. 1 (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John D. Niemeier</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 12 1866</u>		
7. AGE <u>72</u>	YEARS <u>5</u>	MONTHS <u>18</u>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>House Work</u>		9. Industry or business in which work was done, as saw mill, bank, etc.
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) <u>St. Louis Mo.</u>		
13. NAME Andrew Sandvoss		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
15. MAIDEN NAME <u>Wilhelmina Duerkob</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
17. INFORMANT (ADDRESS) <u>Harry Ruwwe 3641 Bares</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE DATE <u>St. John-Mehlville March 4 1939</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Schumacher Und Co. 3013 Meramec St</u>		
20. FILED <u>MAR 6 1939</u> <u>J.D. Buder</u> Local Registrar		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 2, 1939

22. I HEREBY CERTIFY, That I attended deceased from January 7 1939, to March 2 1939  
I last saw or live on March 2nd 1939. Death is said to have occurred on the date stated above, at 11:55 p.m.  
The principal cause of death and related causes of importance were as follows:  
Chronic Bronchitis  
Pulmonary Tuberculosis ?  
Date of onset

Other contributory causes of importance: J3

Name of operation..... Date of.....  
What test confirmed diagnosis? Klay + Lab. Was there an autopsy? No  
and fast bacteria

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 No  
(Signed) Henry P. Gaul, M.D. M.D.  
(Address) Lutheran Hospital

(Licensed Embalmer's Statement on Reverse Side)

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.

**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.....  
*George Dehaeneault*, Registered Apprentice No.....  
working under my personal supervision.

*George Dehaeneault*  
SIGNED

Licensed Embalmer No. *2906*  
P. O. Address *3013 Meunier*

**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, above space should be left blank.**