

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.

JAN 12 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 41150
Registrar's No. 10273

Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Anthony Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community Life (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County ST LOUIS
(c) City or town St. Louis AFFTON R
(If outside city or town limits, write "RURAL")
(d) Street No. Rt. 6 Affton Mo.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME Infant Niemeier 5/6/4
3. (b) If veteran, name war None 3. (c) Social Security No. None
4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Nov. 30 1939
(Month) (Day) (Year)
8. AGE: Years _____ Months _____ Days _____ If less than one day 2 hr. 27 min.

20. DATE OF DEATH: Month Nov. day 30
year 1939 hour 10 minute 30 A.M.
21. I hereby certify that I attended the deceased from Nov 30, 1939, to Nov 30, 1939;
that I last saw her alive on Nov 30, 1939, and that death occurred on the date and hour stated above.

Immediate cause of death Premature Birth about 7 mo pregnancy Due to 2nd of twins
Due to _____
Due to _____

Duration

2 1/2 hrs

Other conditions (Include pregnancy within 3 months of death) 159
Major findings: Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically

9. Birthplace St. Louis
(City, town, or county) (State or foreign country)
10. Usual occupation Nil
11. Industry or business _____
12. Name Lawrence Niemeier
13. Birthplace St. Louis Co. Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Marie Kokerle
15. Birthplace St. Louis Co. Mo.
(City, town, or county) (State or foreign country)

MOTHER FATHER
16. (a) Informant's own signature Lawrence Niemeier
(b) Address Route 6 Affton, Mo.
17. (a) Burial (b) Date thereof Dec. 1, 1939
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Old St. John Cemetery
18. (a) Signature of funeral director Christminster H-Z Co.
(b) Address 7814 S. Broadway
19. (a) DEC 1 1939 (b) _____
(Date received local registrar) (Registrar's signature)

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) (e) Means of injury _____
28. Signature Adam G Youngman (M. D. or other) _____
Address 5439 Grandis Date signed 12/1/39

5469
Burrin

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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 Linus C. Hoffmeister
Licensed Embalmer No. 3871
P.O. Address 7814 Broadway

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.