DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

JAN 15 1941 791

Registration District No.

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40453

Primary Registration District No. 1003

Registrar's No. 10224

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: 2
2345a University St
(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 about 64 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis 20
(If outside city or town limits, write "RURAL")

(d) Street No. 2345a University St
(If rural, give location)

(e) If foreign born, how long in U. S. A.? about 64 years.

3. (a) PRINT FULL NAME Andrew Neiner, Sr.

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Louisa Neiner

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased Nov. 30, 1864
(Month) (Day) (Year)

8. AGE: Years 76 Months 00 Days 10 If less than one day hr. min.

9. Birthplace Alsace Loraine (City, town, or county) France (State or foreign country)

10. Usual occupation Woodworker

11. Industry or business

FATHER
12. Name Jacob Neiner
13. Birthplace unknown (City, town, or county) France (State or foreign country)

MOTHER
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) Germany (State or foreign country)

16. (a) Informant's own signature Louisa Neiner
(b) Address 2345a University St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 23, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Old St. Marcus Cemetery

18. (a) Signature of funeral director Goodfriend Brockhoff
(b) Address 2228 St. Louis Ave

19. (a) DEC 12 1940 (Date received local registrar) (b) J. H. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 10th
year 1940 hour 8 minute 10 A. M.

21. I hereby certify that I attended the deceased from Nov, 1940, to Dec 10, 1940, that I last saw him alive on Dec 10, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Ch Myocarditis	
Due to: 93 C	
Due to:	
Other conditions: Ch Bronchitis, Emphysema (Include pregnancy within 3 months of death)	
Non tubercular	

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature G. H. Sauvage (M. D. or other)
Address 2342 Solomon Date signed 12/14/40

(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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Charles Goodhart Pres

Licensed Embalmer No. 2777

P. O. Address St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.