

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATHState File No. **41036**Registration District No. **7911**Primary Registration District No. **1003**Registrar's No. **10807**

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Louis City Hospital #1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 15 Days
(Specify whether years, months or days)
 In this community all of life

3. (a) PRINT FULL NAME John Nieters (Nieters)8. (b) If veteran, name war none 3. (c) Social Security No. none4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced widowed6. (b) Name of husband or wife Anna Mary 6. (c) Age of husband or wife if alive 1856 years7. Birth date of deceased Dec, 28 (Month) 1856 (Day) 1940 (Year)8. AGE: Years 84 Months 0 Days 22 If less than one day hr. _____ min. _____9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)10. Usual occupation Retired Labor

11. Industry or business _____

12. Name Barney Nieters13. Birthplace Germany
(City, town, or county) (State or foreign country)14. Maiden name Katherine Hippler15. Birthplace Germany
(City, town, or county) (State or foreign country)16. (a) Informant Joseph Nieters(b) Address 5917 Latus AVE.17. (a) burial (b) Date thereof 12 31 40
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Calvary Cemetery18. (a) Signature of funeral director W. C. Stock(b) Address 2117 E. Grand19. (a) DEC 30 1940 (b) J. W. Bredeck
(Date of local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St. Louis 10
(If outside city or town limits, write "RURAL")
 (d) Street No. 4244A Gano
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 28,
year 1940 hour 8:45 minute _____ A. M.21. I hereby certify that I attended the deceased from December
14, 19 40 to December 28, 19 40;
that I last saw him alive on December 28, 19 40
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Pulmonary Tuberculosis

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)Major findings: None
Of operations _____Of autopsy as above.

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 injury23. Signature J. W. Bredeck Date signed 12/28/40
Address 4515 Lafayette Avenue

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 *Frank A. Moore*

Licensed Embalmer No. *3041*

P. O. Address *2117 E. Grand*

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.