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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 8 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

26288

State File No.

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 1425

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

1. PLACE OF DEATH
(a) County St Louis
(b) City or town ~~LEMAY MEHLVILLE~~
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: LINDBERG BLVD. & LEMAY FERRY RD.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County ST. LOUIS. 96
(c) City or town MEHLVILLE
(If outside city or town limits, write "RURAL")
(d) Street No. LINDBERG, AT LEMAY
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME JOSEPH W. NIEWOEHNER.
3. (b) If veteran, name war NO
3. (c) Social Security No. NO
4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife MARIE
6. (c) Age of husband or wife if alive 51 years
7. Birth date of deceased JAN (Month) 22 (Day) 1884 (Year)
8. AGE: Years 57 Months 5 Days 12 If less than one day hr. min.
9. Birthplace ST. LOUIS (City, town, or county) MO (State or foreign country)
10. Usual occupation JEWELER
11. Industry or business OWN.
FATHER
12. Name PETER NIEWOEHNER.
13. Birthplace (City, town, or county) GERMANY (State or foreign country)
MOTHER
14. Maiden name WILHELMINA FRESSE
15. Birthplace (City, town, or county) GERMANY (State or foreign country)
16. (a) Informant Marie Niewoehner
(b) Address Box 273. R. 8
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 7/8/41 (Month) (Day) (Year)
(c) Place: burial or cremation NEW. ST PETERS PAUL Cem
18. (a) Signature of funeral director Jos. P. Fendler Jr
(b) Address 7128 Michigan Av
19. (a) JUL 7 1941 (Date received local registrar) (b) T R Meyer M.D. 707 (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 4
year 1941 hour 4 minute — P M.
21. I hereby certify that I attended the deceased from October, 1940 to July 4, 1941;
that I last saw him alive on July 4, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Adenoma Carcinoma of Sigmoid
Due to c̄ Metastases to Liver & Mesentery
Due to Inanition due to obstructions of
Other conditions (Include pregnancy within 3 months of death) late metastases to Stomach
Major findings: Of operations as above
Of autopsy 46

Duration

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 George A. O'Sullivan M.D. (M. D. or other)
Address 421 W Scheerwe Date signed 7/6/41

(Licensed Embalmer's Statement on Reverse Side)

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 Harry J Schumacher

Licensed Embalmer No. 2679

P. O. Address 732 Kenny

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, fact should be so stated above.