

FILED NOV 18 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 36227

Registration District No. 784

Primary Registration District No. 20

Registrar's No. 2254

1. PLACE OF DEATH:
 (a) County St. Louis.
 (b) City or town Wellston.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Vincent Sanitarium
(If not in hospital or institution, write street number & location)
 (d) Length of stay: In hospital or institution 9 Months.
(Specify whether
 In this community _____
years, months or days)

3. (a) PRINT FULL NAME Mr. Edward William Niemoeller
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M. 5. Color or race W.
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Bridget Niemoeller. 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased June 1, 1858.
(Month) (Day) (Year)

8. AGE: Years 83 Months 5 Days 6 If less than one day _____ hr. _____ min.

9. Birthplace St. Louis. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Grocery Clerk.

11. Industry or business _____

MOTHER FATHER
 { 12. Name Frederick A. Niemoeller.
 { 13. Birthplace Germany. Y
(City, town, or county) (State or foreign country)
 { 14. Maiden name Johanna Unknown.
 { 15. Birthplace Germany. Y
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Florence Warren.
 (b) Address 2322 No. Union Blvd.

17. (a) Burial. (b) Date thereof 11-10-41
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Calvary Cemetery.

18. (a) Signature of funeral director Arthur J. Soumelly
 (b) Address 3840 Lindell Blvd

19. (a) NOV 8 1941 (b) P. J. McCarren
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County 000
 (c) City or town St. Louis. 17
(If outside city or town limits, write "RURAL")
 (d) Street No. 2322 No. Union Blvd. 9
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 7
 year 1941 hour 3 minute 25 A.M.

21. I hereby certify that I attended the deceased from September 29, 1940 to Nov. 7, 1941; that I last saw him alive on Nov. 7, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Heart failure (myocarditis) 1 mo.
 Duration

Due to cardiac-renal-vascular disease 2 yrs

Due to arterio-sclerosis (senility) 10 yrs

Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings: _____
 Of operations 13/0
 Of autopsy _____
 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 6

23. Signature L. Lechance (M. D. or other) _____
 Address St. Vincent's Sanitarium Date signed Nov 7/41

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

6604

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 *W. VanMatre*

Licensed Embalmer No. *2825*

P. O. Address *4340 Lafayette*

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.