

No. 2
4-13-40
5-17-39
I. X25189

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

39979

State File No. _____

9689

Registration District No. **791**

Primary Registration District No. _____

Registrar's No. _____

000
17
9

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

1. PLACE OF DEATH:

(a) County _____
(b) City or town Saint Louis, Missouri.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Desloge 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 _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County _____
(c) City or town Saint Louis,
(If outside city or town limits, write "RURAL")
(d) Street No. 1907 La Salle.
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULLNAME Margaret Nieman.

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife John C. Nieman 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased February 25th, 1876.
(Month) (Day) (Year)

8. AGE: Years 65 Months 9 Days 11 If less than one day _____ hr. _____ min.

9. Birthplace Unknown Iowa.
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

12. Name Unknown

13. Birthplace Unknown Iowa.
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Verbert Mueller

(b) Address 3909 Dover Place.

17. (a) Burial (b) Date thereof Dec. 8, 1941.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lake Charles Cemetery.

18. (a) Signature of funeral director J. F. Brodeur
(b) Address 2423 N. Grand

19. (a) DEC 9 1941 (b) J. F. Brodeur
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month Dec. day 6
year 1941 hour 2 minute 27 A.M.

21. I hereby certify that I attended the deceased from Nov. 28, 1941, to Dec. 6, 1941.
that I last saw her alive on Dec. 5, 1941.
and that death occurred on the date and hour stated above.

Immediate cause of death Heart Failure
Arteriosclerosis, Heart disease
Due to Arterio Sclerosis

Due to _____

Other conditions 93d
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy 93d

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 _____

23. Signature E. Lee Schroeder (M. D. or other) _____
Address 3720 Washington Date signed 12/7/41

Duration ?
?
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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 E Morris

Licensed Embalmer No. 3360

P. O. Address 2623 Cherokee

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, fact should be so stated above.