

5687  
S. No. 2  
M-9-4-41  
v. 5-17-39  
X29484

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **9027**  
Registrar's No. **2327**

Registration District No. **7911**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:  
(a) County.....  
(b) City or town **St. Louis, Missouri**  
(c) Name of hospital or institution: **St. Louis City Hospital**  
(d) Length of stay: In hospital or institution **10 Days**  
In this community **Birth**

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County.....  
(c) City or town **St. Louis**  
(d) Street No. **4511 Alice Ave**  
(e) Citizen of foreign country? **No**

3. (a) PRINT FULL NAME **Louis Cornelius Neibert**

MEDICAL CERTIFICATION

3. (b) If veteran, name war **None** 3. (c) Social Security No.....

20. DATE OF DEATH: Month **March** day **13**, year **1942** hour **8:45** minute **A.** M.

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

21. I hereby certify that I attended the deceased from **March 4**, 19 **42** to **March 13**, 19 **42** that I last saw him alive on **March 13**, 19 **42** and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife **L. Neibert nee Holser** 6. (c) Age of husband or wife if alive **62** years

Immediate cause of death **coronary occlusion**

7. Birth date of deceased **September 3, 1876**

Due to.....  
Due to.....  
Other conditions.....  
Major findings: Of operations.....  
Of autopsy **Refused**

8. AGE: Years **65** Months **6** Days **10** If less than one day hr. min.

9. Birthplace **St. Louis, Mo.**

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

10. Usual occupation **Care taker**

11. Industry or business **Blewett High School**

12. Name **Adam Neibert**

13. Birthplace **Ohio**

14. Maiden name **Lena Becker**

15. Birthplace **Germany**

16. (a) Informant **Eldred R. Neibert**

(b) Address **4511 Alice Ave**

17. (a) **Burial** (b) Date thereof **3/16/42**

(c) Place: burial or cremation **Sales Cemetery**

18. (a) Signature of funeral director **Math Hermann & Son**

(b) Address **2161 East Fair Ave**

19. (a) **RECD 1A 10/2** (b) **J. F. Brudeck**

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?.....  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?.....  
While at work? (Specify type of place).....  
Means of injury.....  
23. Signature **Drewon Blensen** (M. D. or other).....  
Address **1515 Lafayette Avenue** Date signed **3/13/42**

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 *William B. Buehler*

Licensed Embalmer No. *2119*

P. O. Address *St. Louis*

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.