

FILED NOV 23 1942 18

Registration District No.

Primary Registration District No. 1003

Registrar's No. 9416

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:
City Infirmary.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9yrs. 10mo. 25days
(Specify whether
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....
(c) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. City Infirmary
(If rural, give location)
(e) Citizen of foreign country? Germany. (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Henry L. Niemeyer. (Niemeyer)

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Widower.
6. (b) Name of husband or wife Mary 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased September 8 1852.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
90 2 1 hr. min.

9. Birthplace Germany (City, town, or county) (State or foreign country) 4

10. Usual occupation Salesman

11. Industry or business Cigar store 302 N. Broadway

12. Name Carl Niemeyer
13. Birthplace ? Germany (State or foreign country) 4
14. Maiden name Some Weller
15. Birthplace ? Germany (State or foreign country) 4

16. (a) Informant Louise Green
(b) Address 5800 Arsenal

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-11 1942
(Month) (Day) (Year)
(c) Place: burial or cremation Concordia Cemetery

18. (a) Signature of funeral director Reiderwieden Funl Home Inc
(b) Address 1936 St. Louis Ave

19. (a) NOV 11 1942 (Date received local registrar) (b) J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 9th.
year 1942. hour 7:10 minute P.A.M.

21. I hereby certify that I attended the deceased from..... 19..... to..... 19.....

that I last saw him..... alive on..... 19..... and that death occurred on the date and hour stated above.

Immediate cause of death Degenerative heart disease

Due to.....

Due to.....

Other conditions Generalized arteriosclerosis; hypertrophy of prostate.
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy as given above

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?.....

While at work?..... (Specify type of place)
(e) Means of injury.....

23. Signature Dr. Maxwell (M. D. or other).....
Address 5600 Arsenal St. Date signed 11-10-42

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

MOTHER FATHER

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..... *Delia J. Krissin*
Licensed Embalmer No..... *3497*
P. O. Address..... *1936 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.