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5-17-39
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26932

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registrar's No. 2604

D SEP 3 1943

318

19003

Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5144 North Broadway
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
(Specify whether
In this community Birth (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5144 North Broadway
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Nicholas A. Neiner

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

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

6. (b) Name of husband or wife Opal Neiner nee Eddings 6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased October 26, 1889
(Month) (Day) (Year)

8. AGE: Years 17 53 Months 9 30 Days 30 hr. _____ min. _____
If less than one day

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

10. Usual occupation Tavern owner

11. Industry or business _____

12. Name John Neiner

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

14. Maiden name Bertha Sartory

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

16. (a) Informant Mrs Opal Neiner,

(b) Address 5144 North Broadway

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/28/43
(Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

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

(b) Address 2161 East Fair Ave

19. (a) Aug 27 1943 (Date received local registrar) (b) J. J. Bruesch (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 25th.
year 1943 hour 4:20 AM minute _____ 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 Coronary Heart Disease with Chronic Hypertension Myocarditis

Due to _____
Other conditions (include pregnancy within 3 months of death) 93

Major findings:
Of operations _____
Of autopsy _____

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 Alfred Perry (M. D. or other) _____
Address Wright Date signed 8/27/43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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..... *Francis A. Williamson*

Licensed Embalmer No. *3563*

P. O. Address *St Louis Mo*

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.