

FILED NOV 18 1943

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9713

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:
St. Anthony 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 St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 2311 A South 10th St.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Henry J. Niermann

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 4th
year 1943 hour 3 minute 30 A.M.

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

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased Oct. 20 1858
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 10 1940 to Nov 4 1943
that I last saw him alive on Nov 3 1943
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>85</u>	<u>0</u>	<u>14</u> hr. min.

Immediate cause of death.....

Due to Chronic Myocarditis 19 months

Due to Chronic Interstitial Nephritis 10 months

9. Birthplace Ginn Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Silver Glider

11. Industry or business Weber Molding Co.

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

Major findings:
Of operations.....

Of autopsy.....

MOTHER FATHER

12. Name Joseph Niermann

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

14. Maiden name Catherine Sirp

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

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Theresa Wilke

(b) Address 2311 a South 10th St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 8, 1943
(Month) (Day) (Year)

(c) Place: burial or cremation Old SS. Peter & Paul

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....

(b) Date of occurrence.....

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?.....

18. (a) Signature of funeral director W. J. Roby & Co.

(b) Address 1905 S. Grand, St. Louis, Mo.

19. (a) NOV 5 1943 (Date received local registrar) (b) J. Z. [Signature] (Registrar's signature)

While at work?..... (Specify type of place)

(e) Means of injury.....

23. Signature Albert P. Bina (M. D. or other)
Address 1841 L. 12 St Date signed 11/4/43

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

William J. Hiers

Licensed Embalmer No.

4319

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.