

FILED JAN 23 1947
Registration District No. 1003

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County St. Louis Mo.

(b) City or town St. Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Barnes Hospital,
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 16 days
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Niemeyer, Henry Christopher

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Victoria R. Niemeyer

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased June 26, 1875
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>71</u>	<u>6</u>	<u>12</u>	hr. min.

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

10. Usual occupation Retired Salesman

11. Industry or business

12. Name August Niemeyer

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

14. Maiden name Carrie Wulfmeier

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

16. (a) Informant Mrs. Victoria R. Niemeyer

(b) Address 865 Cowan St.

17. (a) Burial
(Burial, cremation, or removal)

(b) Date thereof 1/11/46
(Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cemetery

18. (a) Signature of funeral director Paschedag-Henke

(b) Address 2825 N. Grand Blyd

19. (a) JAN 10 1947
(Date received local registrar)

(b) [Signature]
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 865 Cowan St.
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 8
year 1947 hour 5 minute 30 P.M.

21. I hereby certify that I attended the deceased from 12-24-46
to 1-8, 1947
that I last saw him alive on 1-8-47, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
<u>Myocardial Infarction</u>	<u>12 hrs.</u>
Due to <u>Coronary Thrombosis</u>	<u>12 hrs.</u>
Due to <u>MI</u>	
Other conditions <u>Exfoliative dermatitis, severe</u> (Include pregnancy within 3 months of death)	<u>1 month</u>
PHYSICIAN	
Major findings: Of operations	Underline the cause to which death should be charged statistically.
Of autopsy <u>As above.</u>	

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?

(Specify type of place)

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

23. Signature Patricia J. Lanier (M. D. or other)

Address Barnes Hospital Date signed 1/8/47

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 John S. Renneke

Licensed Embalmer No. 4194

P. O. Address.....

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.