No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 9 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 43368

Registrar's No. 12071

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: 8600 N. Broadway 3
(If not in hospital or institution, write street number or location)

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

In this community

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. 8542 Lowell Ave
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME John G. Ninteman

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 Married

6. (b) Name of husband or wife Amelia G Ninteman

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased March (Month) 21 (Day) 1893 (Year)

8. AGE: Years	Months	Days	If less than one day
54	9	10	hr. min.

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

10. Usual occupation Advertising Mgr

11. Industry or business Shapleigh Hardware Co

FATHER
12. Name George Ninteman
13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Elizabeth Schimweg
15. Birthplace St. Louis Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Amelia G Ninteman
(b) Address 8542 Lowell

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 5 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Calvin F Feutz
(b) Address 4828 Nathbridge Blvd

19. (a) JAN 2 1948 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 31 year 1947 hour 8. minute ~~47~~ P. M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ;
that I last saw b alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Fracture of skull	
Compound fracture both legs	
Injuries chest by a automobile	
Due to: Accident Pedestrian on front	
of 8600 N. Broadway Crossing	8 hr
Date received Dec 31 1947	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN

Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence Dec 31 1947
(c) Where did injury occur? St Louis Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Street
(Specify type of place)
While at work? (e) Means of injury Auto

23. Signature Patrick E. Taylor Dep Cor. (Med. Examiner)
Address 1300 Clark Date signed 1-2-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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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 A. McLean

Licensed Embalmer No. 4186

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.