No. 2
-1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAR 4 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 6824

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1874

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: Christian Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 days (Specify whether years, months or days)

In this community 71 years

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. 1914 East Prairie Avenue
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME HENRIETTA NIEMANN

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife George Niemann

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

7. Birth date of deceased July (Month) 20, (Day) 1876 (Year)

8. AGE: Years 71 Months 7 Days 1 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business ------

MOTHER FATHER

12. Name Henry L. Kaiser

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

14. Maiden name Sophia Cordes

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

16. (a) Informant Henry M. Kaiser

(b) Address 2812 Keokuk St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-24-48 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director W. A. Stock

(b) Address 2117 East Grand Blvd.

19. (a) FEB 24 1948 (Date received local registrar) (b) J. F. Bracco (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 21st year 1948 hour 4 minute A M

21. I hereby certify that I attended the deceased from 1/21/48, 19..., to 2/21/48, 19..., that I last saw h. alive on 2/21, 19 48 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Thyrotoxicosis	
Due to: Cystic degeneration of thyroid	
Due to:	
Other conditions: Chr. myocarditis (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)

(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? (e) Means of injury

23. Signature (M. D. or other)

Address 3919 W. Pleasant Date signed 2/23/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

JUN 4 1948

1874

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 Frank A. Moore

Licensed Embalmer No. 3041

P. O. Address 2117 E. Grand

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.