—1/47
5-17-39

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

National Office of Vital Statistics

FILED JUN 12 1948

STANDARD CERTIFICATE OF DEATH

State File No. 17890

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5078

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: 4754 Alma Ave. 1
(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 Mo. (b) County 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL") 9

(d) Street No. 4754 Alma Ave. 0
(If rural, give location)

(e) Citizen of foreign country? 2 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME JOHN B. NIENABER

3. (b) If veteran, name war None

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Frances

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased Jan. (Month) 9 (Day) 1872 (Year)

8. AGE:

Years	Months	Days	If less than one day
76	4	22	hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country) 0

10. Usual occupation Night Watchman

11. Industry or business Koken Barber Supply Co.

FATHER
12. Name Unknown Nienaber
13. Birthplace (City, town, or county) Europe (State or foreign country) 8

MOTHER
14. Maiden name Margaret Unknown
15. Birthplace (City, town, or county) Europe (State or foreign country) 8

16. (a) Informant Frances Nienaber
(b) Address 4754 Alma Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-4-48 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Kriegshauser Und. Co.
(b) Address 4228 So. Kingshighway Bl.

19. (a) JUN 2 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 1
year 1948 hour 10:00 minute A. M.

21. I hereby certify that I attended the deceased from 4-23-48, 19, to May 26, 1948, that I last saw him alive on 5-26-48, 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Inanition	1 mo
Due to Carcinoma of epiglottis and base of tongue - Primary	4 mo
Due to site	
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)

(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 0

23. Signature C. J. Kusunoki (M. D. or other)

Address Barnes Hosp Date signed 6/1/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side) C. L. KUSUNOKI

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 Richard H. Stovesand

Licensed Embalmer No. 4007

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.