

FILED JUL 1 - 1954

STANDARD CERTIFICATE OF DEATH

State File No. 21562  
Registrar's No. 1398

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 542

1. PLACE OF DEATH

a. COUNTY **St. Louis**

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Ferguson**

c. LENGTH OF STAY (In this place) **1 Hour**

d. FULL NAME OF HOSPITAL OR INSTITUTION **Dellwood City Hall**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before ad(ision).)

a. STATE **Missouri** b. COUNTY **St. Louis**

c. CITY OR TOWN **Ferguson**

d. Is Residence within limits of a city or incorporated town? Yes  No

e. STREET ADDRESS (If rural, give location) **1112 Thatcher Ave**

3. NAME OF DECEASED (Type or Print)

a. (First) **Henry** b. (Middle) **C.** c. (Last) **Niemeier**

4. DATE OF DEATH (Month) (Day) (Year) **June 14, 1954**

5. SEX **Male** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married**

8. DATE OF BIRTH **Dec. 26, 1885** 9. AGE (In years last birthday) **68** IF UNDER 1 YEAR Months Days IF UNDER 12 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Book Binder**

10b. KIND OF BUSINESS OR INDUSTRY **Retired (WR)**

11. BIRTHPLACE (City and State or Foreign Country) **St. Louis, Missouri**

12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **Unknown** 13b. MOTHER'S MAIDEN NAME **Charlotte Hildebrand** 14. NAME OF HUSBAND OR WIFE **Mrs. Elizabeth C. Niemeier**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **No**

16. SOCIAL SECURITY NO. **Unknown**

17. INFORMANT'S SIGNATURE OR NAME **Mrs. Elizabeth C. Niemeier** ADDRESS **1112 Thatcher**

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **Coronary Thrombosis**

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) \_\_\_\_\_

DUE TO (c) \_\_\_\_\_

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_

20. AUTOPSY? YES  NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) \_\_\_\_\_ 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) \_\_\_\_\_

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) **4201**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) \_\_\_\_\_ 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from **May 10, 1954** to **June 14, 1954**, that I last saw the deceased alive on **May 24, 1954**, and that death occurred at **9:30 A. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Charles W. Martin M.D.** 23b. ADDRESS **4020 N. Florissant** 23c. DATE SIGNED **6/15/54**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **June 17, 1954** 24c. NAME OF CEMETERY OR CREMATORY **Memorial Park Cemetery** 24d. LOCATION (City, town, or county) (State) **St. Louis County, Missouri**

DATE REC'D BY LOCAL REG. **6/16/54** REGISTRAR'S SIGNATURE **Hebert B. Stender** 25. FUNERAL DIRECTOR'S SIGNATURE **Math Hermann & Son, Inc.** ADDRESS **2161 E. Fair Ave**

(Licensed Embalmer's Statement on Reverse Side)

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

4009

**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 ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed..... *Clement M. Neary*

Licensed Embalmer No. *3732*

P. O. Address *St. Louis*

**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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.**