

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

16163

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City **St. Louis, Mo.** (No. **5600**)

Arsenal

File No.

Registered No. **4197**

St. **24th** Ward)

2. FULL NAME

(a) Residence. No. **John Neumeier**
City Hospital - 14th + Lafayette 73 Ward.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred **12** yrs. — mos. — ds.

How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **Single**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Single**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **June 30 1902**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, — hrs. or — min.
26 9 7

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work **X-ray Technician**
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ill.**

10. NAME OF FATHER **William Neumeier**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) **Mo.**

12. MAIDEN NAME OF MOTHER **Mary Girard**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

14. INFORMANT **L. Kroner**
(Address) **3600 Arsenal**

15. **100 - 9** FILED **April 10 1929** REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **4/7 1929**

17. I HEREBY CERTIFY, That I attended deceased from **4/6**, 19**29**, to **4/7**, 19**29**, that I last saw him alive on **4/7**, 19**29**, and that death occurred, on the date stated above, at **5:15 P.M.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:

**lyphthemia, Nasal Pharynx & Larynx.
Streptococci Sore Throat.**

CONTRIBUTORY **Myocarditis, Acute.**
(SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED **15th Lafayette**
NOT AT PLACE OF DEATH.

19. DID AN OPERATION PRECEDE DEATH? **No** DATE OF **4/7/29**
Tracheotomy.

20. WAS THERE AN AUTOPSY? **No**
WHAT TEST CONFIRMED DIAGNOSIS? **Cult. St. Throat**
(Signed) **Chas. H. H. H.** M. D.

4/7, 1929 (Address) 3600 Arsenal St
*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL **Mr. Olive Ill.** DATE OF BURIAL **April 10 1929.**

20. UNDERTAKER **Ziegenfuss Bros, 242 1/2**
ADDRESS

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

THIS IS A PERMANENT RECORD

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