

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

Do not use this space.

32184

9231

1. PLACE OF DEATH

County.....
Township.....
City St. Louis

Registration District No. 791
Primary Registration District No. 1003
No. 4255 San Francisco Ave.

File No. 9231
Registered No.
St. Ward 10

2. FULL NAME Henry Niehaus

(a) Residence. No. 4255 San Francisco St., 10 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sophie Niehaus

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 27, 1857

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	72	7	18	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired Mechanic
(b) General nature of industry, business, or establishment in which employed (or employer) Planing Mill
(c) Name of employer Mechanics Planing Mill

9. BIRTHPLACE (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Mo

10. NAME OF FATHER Henry Niehaus

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Sophie Niehaus
(Address) 4255 San Francisco Ave

15. FILED SEP 16 1929 Max C. Stanley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 15, 1929

17. I HEREBY CERTIFY, That I attended deceased from Aug 16, 1929, to Sept 15, 1929, that I last saw him alive on Sept 15, 1929, and that death occurred, on the date stated above, at 4:23 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cirrhosis of Liver
124B
122B1
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Amnesia
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH? No DATE OF.....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS Symptoms
(Signed) Harman L. Trotter M. D.
9.16.1929 (Address) 2728 N. 11 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 Our Redeemer Cemetery DATE OF BURIAL Sept. 18, 1929

20. UNDERTAKER Theo. H. Reiderwiden ADDRESS St. Louis

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.

63

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31

