NOV 4 1936

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

Do not use this space.

39768

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 10815

Township ..... Primary Registration District No. 1003 Registered No. .....

City St Louis (No. 3939 A Nebraska Ave St. ..... Ward)

2. FULL NAME Herman Neidhardt

(a) Residence, No. 3939 A Nebraska Ave St., 24 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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 Elna Neidhardt

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 5th 1887

7. AGE: YEARS 49 MONTHS 5 DAYS 22 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bartender
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

FATHER

13. NAME Anselm Neidhardt
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER

15. MAIDEN NAME Louise Neckermam
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Elna Neidhardt 3939A Nebraska

18. BURIAL, CREMATION, OR REMOVAL
PLACE S.S. Peter & Paul DATE Oct 30 1936

19. UNDERTAKER (ADDRESS) Thos. Kutis 2906 Gravois Ave

20. FILED OCT 29 1936 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 28 1936

22. I HEREBY CERTIFY, That I attended deceased from 10/27/34, 19..., to 10/28/36, 19..., I last saw him alive on 10/28/36, 19..... Death is said to have occurred on the date stated above, at 3 P m.

The principal cause of death and related causes of importance were as follows:

Chronic Interstitial Nephritis — Date of onset 10/27/34

Other contributory causes of importance:

Acute Myocarditis — 10/26/36

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Stephen Vegan, M. D.

(Address) 3202 Park

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