

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

Do not use this space.

1. PLACE OF DEATH

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

Registration District No.....
Primary Registration District No.....
(No. 578I McPherson Ave.)

2822
File No.....
Registered No. 399
St. Ward)

2. FULL NAME

Clara Lou Niehaus.

(a) Residence. No. 578I McPherson Ave. St. 5 Ward.

(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female. 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 Frederick J. Niehaus.

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

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
69. 9. 15.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At Home.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Lacon, Ill.
(STATE OR COUNTRY)

10. NAME OF FATHER Frederick P. Wilkins.

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

12. MAIDEN NAME OF MOTHER Frances W. Beach.

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

14. INFORMANT Edwin J. Niehaus
(Address) 578I McPherson Ave.

15. JAN 12 1927 FILED. 19. May 6 Starckoff

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1 - 11 - 1927.

I HEREBY CERTIFY, That I attended deceased from Jan 7 1927, to Jan 11 1927, (that I last saw her alive on Jan 11 1927, and that death occurred, on the date stated above, at one o'clock m. 7:25 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Bronchitis
99 B
CONTRIBUTORY (SECONDARY) Chronic Bronchitis
Non Tubercular Involvement

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH..... DATE OF.....

20. WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS, Personal Examination

(Signed) L. H. Knop M. D.

, 19 (Address) 5-262 Waterman Ave

*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 Bellefontaine Cemetery. DATE OF BURIAL I - 13 - 1927.

20. UNDERTAKER L. R. Rupton. ADDRESS Street 4449

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Dr. Franklin R. Knox.
5262. Waterman
8-10.A.M. 2-4 P.M.