

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

15389  
15122

**1. PLACE OF DEATH**

County..... Registration District No. 791  
 Township..... Primary Registration District No. 002  
 City: St. Louis (No. 10 Westmoreland Place St.          Ward         )

**2. FULL NAME**

George W. Niedringhaus  
 (a) Residence. No. 10 Westmoreland St., Place Ward 12  
 (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 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 Janita N. Niedringhaus

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 28 1864  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
63 10 21

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Chairman of Board  
 (b) General nature of industry, business, or establishment in which employed (or employer) Steel Industry  
 (c) Name of employer National Expanding & Stamping

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

PARENTS

10. NAME OF FATHER W. J. Niedringhaus  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany  
 (STATE OR COUNTRY)  
 12. MAIDEN NAME OF MOTHER Mary Britton  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Louis  
 (STATE OR COUNTRY) Mo.

14. INFORMANT Harwood Niedringhaus  
 (Address) St. Louis County Club Ground

15. FILED R. E. O'Connell REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr. 19 1928  
 17. I HEREBY CERTIFY, That I attended deceased from Moeh 1928  
 that I last saw h. alive on Feb. 19 1928, and that death occurred, on the date stated above, at Bed 7-D a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Angina Pectoris  
92110  
930 - To my knowledge -  
94B (duration) 2 yrs. mos. da.  
 CONTRIBUTORY (SECONDARY) Chr. Myocarditis  
Coronary Arteriosclerosis (duration) 2 yrs. mos. da.

WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH.....  
 DID AN OPERATION PRECEDE DEATH? no DATE OF.....  
 WAS THERE AN AUTOPSY? no  
 WHAT TEST CONFIRMED DIAGNOSIS? X-Ray, Electrocardiogram  
 (Signed) H. N. Lyon, M. D.  
Apr. 19 1928 (Address) Missouri Bldg.

\*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 Bellfontaine DATE OF BURIAL Apr 21 19 28

20. UNDERTAKER Wagon ADDRESS 3671 Olive

N. E.—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.

RECORD IS A PERMANENT RECORD

