

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

Do not use this space.

22436

**1. PLACE OF DEATH**

County..... Registration District No. 791  
Township..... Primary Registration District No. 100  
City St. Louis Mo. (No. 1401) Adelaide Ave St. .... Ward)

File No. ....  
Registered No. 6598

**2. FULL NAME**

Robert F. Neibert  
(a) Residence. No. 1401 Adelaide Ave 10 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. 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 Genevieve E. Neibert (nee Paddock)

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 30 1873

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
54 | 8 | 22

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Deputy Collector  
(b) General nature of industry, business, or establishment in which employed (or employee) City Employee  
(c) Name of employer

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY) St. Louis Mo.

**10. NAME OF FATHER**

Adam Neibert

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY) Ohio

**12. MAIDEN NAME OF MOTHER**

Margaret Fisher

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY) Ohio

**14.**

INFORMANT Genevieve E. Neibert  
(Address) 1401 Adelaide Ave

**15.**

FILED 23 1928  
REGISTRAR Mar E. Tanker

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 27 1928

17. I, HEREBY CERTIFY, That I attended deceased from June 15 1928, to June 27 1928, that I last saw h. l. m. alive on June 27 1928, and that death occurred, on the date stated above, at 9:45 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Cerebral hemorrhage  
with arterio sclerosis  
(duration) 27 yrs. 2 mos. 2 hrs. 15 min.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, DATE OF

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Physical Exam

(Signed) Robt. C. Weaver, M. D.

June 27 1928 (Address) 4256 Marne av

\*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 DATE OF BURIAL June 25 1928

20. UNDERTAKER Math. Hermann & Son ADDRESS 3950 Carter

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

K. 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.

