

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

Do not use this space.

38315

1. PLACE OF DEATH

County St. Louis
Township BARONDELET
City Affton Mo (No. _____) St. _____ (Ward)

Registration District No. 1123
Primary Registration District No. 6248 B

File No. _____
Registered No. 407
St. _____ (Ward)

2. FULL NAME

Benny Neier
(a) Residence. No. Affton Mo St. Ward. _____
(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 Bertha Neier

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 23 - 1856

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>72</u>	<u>11</u>	<u>11</u>	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. Farmer
(b) General nature of industry, business, or establishment in which employed (or employer).
(c) Name of employer

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

10. NAME OF FATHER Casper Neier

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

12. MAIDEN NAME OF MOTHER Catherine Koenig

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

14. INFORMANT Mrs Bertha Neier
(Address) Affton Mo

15. FILED Nov 14 1929 L. C. O'Brady
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 14 1929

17. I HEREBY CERTIFY, That I attended deceased from June 4 1927 to Nov 14 1929
that I last saw h. l. l. l. alive on Nov 5 1929, and that death occurred, on the date stated above, at 4:30 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Valvular Disease of Heart

92A (duration) 5 yrs. — mos. — ds.

CONTRIBUTORY (SECONDARY) NO
(duration) — yrs. — mos. — ds.

18. WHERE WAS DISEASE CONTRACTED NO
IF NOT AT PLACE OF DEATH

0 DID AN OPERATION PRECEDE DEATH? NO DATE OF _____
WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS
(Signed) Arthur Youngman, M. D.
Nov 14 1929 (Address) Sappington Mo

*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 St Lucas Cemetery Sappington Mo DATE OF BURIAL Nov 16 1929

20. UNDERTAKER Wacker-Heldersle ADDRESS 2331-5 Blvay

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.

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PARENTS

